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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."

JOHN R. ASHCROFT

SECRETARY OF STATE

MISSOURI REGISTER

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at www.sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system–

Title		Division	Chapter	Rule
3	CSR	10-	4	.115
Department	*Code of State Regulations*	Agency Division	General area regulated	Specific area regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation, for example, 3 CSR 10-4.115 NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and *Register* on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is www.sos.mo.gov/adrules/csr/csr

The *Register* address is www.sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 40—Comprehensive Emergency Medical Services Systems Regulations

EMERGENCY AMENDMENT

19 CSR 30-40.420 Trauma Center Designation Requirements. The department is amending sections (1)–(4) and relettering throughout; adding new sections (3) and (4); and adding the form included after the rule.

PURPOSE: This amendment adds an option and establishes requirements for hospitals which are verified as trauma centers by the American College of Surgeons to become designated as level I, II, III, or IV trauma centers without being reviewed by DHSS (the department). This amendment also adds an application for these hospitals which are verified as trauma centers by the American College of Surgeons to complete in order to become designated as level I, II, III, or IV trauma centers by the department.

*EMERGENCY STATEMENT: Trauma is the fourth leading cause of death in Missouri. Trauma is also the most frequent cause of visits to the emergency department. Injuries account for the second highest total for inpatient hospital charges. Death rates in Missouri from injuries, suicides, falls, and motor vehicle injuries exceed the national rates. Research shows an organized, integrated system based on regional medical resources saves the most lives and decreases permanent injuries. Missouri trauma centers provide a timely and medically appropriate focused approach to trauma care that provides patients with better trauma outcomes. During the 2017 legislative session, section 190.241, RSMo, was amended to add an option for hospitals to become designated as trauma centers by the department if the hospitals are verified as trauma centers by a national verifying or designating body at the level which corresponds to a level approved by rule. The department has approved the American College of Surgeons as the trauma verifying body that hospitals could be verified with in order to receive a designation from the department without being reviewed by the department. The department has determined the reviews conducted by the American College of Surgeons are comparable to reviews conducted by the department. Currently, there are three (3) adult trauma centers in Missouri that are verified as level I trauma centers by the American College of Surgeons. There is also one (1) pediatric trauma center in Missouri verified by the American College of Surgeons as a level I pediatric trauma center. One (1) level I adult trauma center and one (1) pediatric trauma center will have their renewal reviews by the department and the American College of Surgeons conducted within the next two (2) months. By having this rule in effect prior to the expiration of these two (2) hospitals' trauma center designations within the next two (2) months, then these hospitals will not have to meet the requirements of both the American College of Surgeons and the department. Overall, this rule will decrease the expense and staff time and involvement for the department and the hospitals in preparing for reviews conducted in conjunction with the American College of Surgeons for approximately four (4) hospitals in Missouri that are designated by the department and verified by the American College of Surgeons as trauma centers. As a result, the DHSS finds an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The copy of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The DHSS believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 2, 2018, becomes effective February 12, 2018, and expires August 10, 2018.*

(1) Participation in Missouri's trauma center program is voluntary and no hospital shall be required to participate. No hospital shall in any way indicate to the public that it is a trauma center unless that hospital has been designated as such by the Emergency Medical Services (EMS) Bureau. Hospitals desiring trauma center designation shall apply to the EMS Bureau **either through the option outlined in section (2) or section (3)**. Only those hospitals found *[by review]* to be in compliance with the requirements of the rules in this chapter shall be designated by the EMS Bureau as trauma centers.

(2) Hospitals requesting to be reviewed and designated as a trauma center by the department shall meet the following requirements:

*[(2)]***(A)** The application required for trauma center designation shall be made upon forms prepared or prescribed by the EMS Bureau and shall contain information the EMS Bureau deems necessary to make a fair determination of eligibility for review and designation in accordance with the rules of this chapter*[.]***;**

*[(A)]***(B)** An application shall include the following information: designation level requested; name, address, and telephone number of hospital; name of chief executive officer, chairman/president of board of trustees, surgeon in charge of trauma care, trauma nurse coordinator/program manager, director of emergency medicine, and director of trauma intensive care; number of emergency department trauma

caseload, trauma team activations, computerized tomography scan capability, magnetic resonance imaging capability, operating rooms, intensive care unit/critical care unit beds, burn beds, rehabilitation beds, trauma surgeons, neurosurgeons, orthopedists, emergency department physicians, anesthesiologists, certified registered nurse anesthetists, pediatricians, and pediatric surgeons; date of application; and signatures of the chairman/president of board of trustees, hospital chief executive officer, surgeon in charge of trauma, and director of emergency medicine. The trauma center review and designation application form, included herein, is available at the EMS Bureau office or may be obtained by mailing a written request to Missouri Department of Health and Senior Services, EMS Bureau, PO Box 570, Jefferson City, MO 65102-0570*[.]*;

*[(B)]***(C)** The EMS Bureau shall notify the hospital of any apparent omissions or errors in the completion of the application and shall contact the hospital to arrange a date for the review*[.]*;

*[(C)]***(D)** Failure of a hospital to cooperate in arranging for a mutually suitable date for review shall constitute forfeiture of application when a hospital's initial review is pending or suspension of designation when a hospital's verification or validation review is pending*[.]*;

*[(D)]***(E)** Hospitals designated as trauma centers under the previous designation system shall maintain their designation until a review is conducted using the rules of this chapter*[.]*;

*[(3)]***(F)** The review of hospitals for trauma center designation shall include interviews with designated hospital staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter. The cost of any and all site reviews shall be paid by each applicant hospital or renewing trauma center unless adequate funding is available to the EMS Bureau to pay for reviews*[.]*;

*[(A)]***(G)** For the purpose of reviewing trauma centers and hospitals applying for trauma center designation, the EMS Bureau shall use review teams consisting of two (2) surgeons and one (1) emergency physician who are experts in trauma care and one (1) trauma nurse coordinator/trauma program manager experienced in trauma center review. The team shall be disinterested politically and financially in the hospitals to be reviewed. Out-of-state review teams shall conduct levels I and II reviews. In-state reviewers may conduct level III reviews. In the event that out-of-state reviewers are unavailable, level II reviews may be conducted by in-state reviewers from EMS regions other than the region being reviewed with approval of the director of the Department of Health and Senior Services or his/her designee. When utilizing in-state review teams, the level II trauma center shall have the right to refuse one (1) review team*[.]*;

*[(B)]***(H)** Any substantial deficiencies cited in the initial review or the validation review regarding patient care issues, especially those related to delivery of timely surgical intervention, shall require a focused review to be conducted. When deficiencies involve documentation or policy or equipment, the hospital's plan of correction shall be submitted to the EMS Bureau and verified by EMS Bureau personnel*[.]*;

*[(C)]***(I)** The verification review shall be conducted in the same manner and detail as initial and validation reviews. A review of the physical plant will not be necessary unless a deficiency was cited in the physical plant in the preceding initial or validation review. If deficiencies relate only to a limited number of areas of hospital operations, a focused review shall be conducted. The review team for a focused review shall be comprised of review team members with the required expertise to evaluate corrections in the specified deficiency area*[.]*;

*[(D)]***(J)** Validation reviews shall occur every five (5) years*[.]*; *[Level I and II trauma centers undergoing American College of Surgeons reverification review at shorter intervals may incorporate EMS Bureau personnel in these reviews and, if they successfully pass reverification and meet all requirements herein, submit that review for EMS Bureau reverification.]*

*[(E)]***(K)** Upon completion of a review, the reviewers shall submit a report of their findings to the EMS Bureau. *[If this is also an American College of Surgeons (ACS) verification or reverification, the hospital shall request a copy of the report be sent directly to the EMS Bureau from the ACS verification committee.]* The report shall state whether the specific standards for trauma center designation have or have not been met; if not met, in what way they were not met. The report shall include the patient chart audits and a narrative summary to include pre-hospital, hospital, trauma service, emergency department, operating room, recovery room, clinical lab, intensive care unit, blood bank, rehabilitation, performance improvement and patient safety programs, education, outreach, research, chart review, and interviews. The EMS Bureau has final authority to determine compliance with the rules of this chapter*[.]*;

*[(F)]***(L)** Within thirty (30) days after receiving a review report, the EMS Bureau shall return a copy of the report in whole to the chief executive officer of the hospital reviewed. Included with the report shall be notification indicating that the hospital has met the criteria for trauma center designation or has failed to meet the criteria for the designation level for which it applied and options the hospital may pursue*[.]*;

*[(G)]***(M)** If a verification review is required, the hospital shall be allowed a period of six (6) months to correct deficiencies. A plan of correction form shall be provided to the EMS Bureau and shall be completed by the hospital and returned to the EMS Bureau within thirty (30) days after notification of review findings*[.]*;

*[(H)]***(N)** Once a review is completed, a final report shall be prepared by the EMS Bureau. The final report shall be public record and shall disclose the standards by which the reviews were conducted and whether the standards were met. The reports filed by the reviewers shall be held confidential and shall be disclosed only to the hospital's chief executive officer or an authorized representative*[.]*;

*[(4)]***(O)** The EMS Bureau shall have the authority to put on probation, suspend, revoke, or deny trauma center designation if there is reasonable cause to believe that there has been a substantial failure to comply with the requirements of the rules in this chapter. Once designated as a trauma center, a hospital may voluntarily surrender the designation at any time without giving cause, by contacting the EMS Bureau. In these cases, the application and review process shall be completed again before the designation may be reinstated*[.]*;

*[(A)]***(P)** Trauma center designation shall be valid for a period of five (5) years from the date the trauma center is designated. Expiration of the designation shall occur unless the trauma center applies for validation review within this five- (5-)*[-]* year period. Trauma center designation shall be site specific and not transferable when a trauma center changes location*[.]*;

*[(B)]***(Q)** The EMS Bureau shall investigate complaints against trauma centers. Failure of the hospital to cooperate in providing documentation and interviews with appropriate staff may result in revocation of trauma center designation. Any hospital, which takes adverse action toward an employee for cooperating with the EMS Bureau regarding a complaint, is subject to revocation of trauma center designation.

(3) Hospitals seeking trauma center designation by the department based on their current verification as a trauma center by the American College of Surgeons shall meet the following requirements:

(A) An application for trauma center designation by the department for hospitals that have been verified as a trauma center by the American College of Surgeons shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a determination of eligibility for review and designation in accordance with the rules of this chapter. The application for trauma verified hospital designation form, included herein, is available at the Health Standards and Licensure (HSL) office, or online at the department's website

at www.health.mo.gov, or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for trauma center designation shall be submitted to the department no less than sixty (60) days and no more than one hundred twenty (120) days prior to the desired date of the initial designation or expiration of the current designation;

(B) Both sections A and B of the application for trauma verified hospital designation form, included herein, shall be complete before the department designates a hospital/trauma center. The department shall notify the hospital/trauma center of any apparent omissions or errors in the completion of the application for trauma verified hospital designation form. Upon receipt of a completed and approved application, the department shall designate such hospital as follows:

1. The department shall designate a hospital as a level I trauma center if such hospital has been verified as a level I trauma center (adult and pediatric) by the American College of Surgeons;

2. The department shall designate a hospital as a level II trauma center if such hospital has been verified as a level II trauma center (adult and pediatric) by the American College of Surgeons;

3. The department shall designate a hospital as a level III trauma center if such hospital has been verified as a level III trauma center (adult and pediatric) by the American College of Surgeons;

4. The department shall designate a hospital as a level IV trauma center if such hospital has been verified as a level IV trauma center (adult and pediatric) by the American College of Surgeons;

5. The department shall designate a hospital as a level I pediatric trauma center if such hospital has been verified as a level I trauma center (only treats children) by the American College of Surgeons;

6. The department shall designate a hospital as a level II pediatric trauma center if such hospital has been verified as a level II trauma center (only treats children) by the American College of Surgeons;

7. The department shall designate a hospital as a level I trauma center if such hospital has been verified as a level I trauma center (only treats adults) by the American College of Surgeons; and

8. The department shall designate a hospital as a level II trauma center if such hospital has been verified as a level II trauma center (only treats adults) by the American College of Surgeons;

(C) Annually from the date of designation by the department submit to the department proof of verification as a trauma center by the American College of Surgeons and the names and contact information of the medical director of the trauma center and the program manager of the trauma center;

(D) Within thirty (30) days of any changes submit to the department proof of verification as a trauma center by the American College of Surgeons and the names and contact information of the medical director of the trauma center and the program manager of the trauma center;

(E) Submit to the department a copy of the verifying organization's final trauma center verification survey results within thirty (30) days of receiving such results;

(F) Submit to the department a completed application for trauma verified hospital designation form every three (3) years;

(G) Participate in the emergency medical services regional system of trauma care in its respective emergency medical services region as defined in 19 CSR 30-40.302;

(H) Participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources;

(I) Submit data to meet the data submission requirements in 19 CSR 30-40.430;

(J) The designation of a hospital as a trauma center pursuant to section (3) shall continue if such hospital retains verification as a trauma center by the American College of Surgeons; and

(K) The department may remove a hospital's designation as a trauma center if requested by the hospital or the department determines that the verification by the American College of Surgeons has been suspended or revoked. The department may also remove a hospital's designation as a trauma center if the department determines the hospital's verification with the American College of Surgeons has expired. Any decision made by the department to withdraw the designation of a trauma center that is based on the revocation or suspension of a verification by the American College of Surgeons shall not be subject to judicial review.

(4) Hospitals that choose to apply to the department under sections (2) and (3) above and maintain a trauma designation with both the department and the American College of Surgeons may request either of the following two (2) options:

(A) Hospitals may choose to apply to the department under section (2) above and meet the requirements in section (2) above and 19 CSR 30-40.410 and 19 CSR 30-40.430. Hospitals may request a separate review by only the department pursuant to section (2). Hospitals may choose to apply to the department under section (3) above and meet the requirements set by the American College of Surgeons. Hospitals may request a separate review by only the American College of Surgeons; or

(B) Hospitals may choose to apply to the department under section (2) above and meet the requirements in section (2) above and 19 CSR 30-40.410 and 19 CSR 30-40.430. Hospitals may choose to apply to the department under section (3) above and meet the requirements set by the American College of Surgeons. Hospitals may request a joint review by both the American College of Surgeons and the department. In a joint review, department personnel shall be incorporated into these reviews upon the consent of the American College of Surgeons. During these joint reviews, the trauma review team chosen by the American College of Surgeons shall also include at least one (1) emergency department physician and at least one (1) trauma program manager (nurse). All costs for the review and review team shall be paid by the hospitals. If a hospital successfully passes the joint review by the department and the American College of Surgeons, then the hospital will be designated by the department as a trauma center under both sections (2) and (3) above.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE

APPLICATION FOR TRAUMA VERIFIED HOSPITAL DESIGNATION

In accordance with the requirements of Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a trauma center. Please complete all information.	Organization's Trauma Identification Number

CURRENT TRAUMA VERIFICATION ORGANIZATION AND LEVEL

ADULT AND PEDIATRIC (TREATS ADULTS AND CHILDREN)	PEDIATRIC (TREATS CHILDREN ONLY)	ADULT (TREATS ADULTS ONLY)
☐ Level I Trauma Center by the American College of Surgeons	☐ Level I Pediatric Trauma Center by the American College of Surgeons	☐ Level I Trauma Center by the American College of Surgeons
☐ Level II Trauma Center by the American College of Surgeons	☐ Level II Pediatric Trauma Center by the American College of Surgeons	☐ Level II Trauma Center by the American College of Surgeons
☐ Level III Trauma Center by the American College of Surgeons		
☐ Level IV Trauma Center by the American College of Surgeons		

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)		Telephone Number
Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
Trauma Medical Director (Name, email, and contact phone number)	Trauma Program Manager (Name, email, and contact phone number)

The following should be submitted to the department as indicated:

☐ Proof of trauma verification with the American College of Surgeons with the expiration date of the verification.

☐ Copy of the final trauma survey results from the American College of Surgeons.

RESOURCE INFORMATION

E.D. Trauma Caseload	Trauma Team Activations	C.T. Scan Capability	M.R.I. Capability
Operating Rooms	ICU/CCU Beds	Burn Beds	Rehab. Beds
Trauma Surgeons	Neurosurgeons	Orthopaedists	E.D. Physicians
Anesthesiologists	C.R.N.A.s	Pediatricians	Pediatric Surgeons

CERTIFICATION

We, the undersigned, hereby certify that:
A. We will annually and within thirty (30) days of any changes submit to the department proof of trauma verification with the American College of Surgeons.
B. We will annually and within thirty (30) days of any changes submit to the department names and contact information of our medical director and the program manager of the trauma center.
C. We will submit to the department a copy of our final trauma verfication survey results from the American College of Surgeons within thirty (30) days of receiving such results.
D. We will participate in the emergency medical services regional system of trauma care in our respective emergency medical services region as defined in 19 CSR 30-40.302.
E. We will participate in local and regional emergency medical services sytems by reviewing and sharing outcome data and providing training and clinical educational resources.
F. We will submit data to meet the data submission requirements outlined in 19 CSR 30-40.430.
G. We understand that our designation as a trauma center by the department shall continue only if our hospital remains verified as a trauma center by the American College of Surgeons.

Date of application _____

Signed _____
Chairman/President of Board of Trustees,
Owner, or one Partner of Partnership

Signed _____
Hospital Chief Executive Officer

Signed _____
Trauma Medical Director

Signed _____
Director of Emergency Medicine

AUTHORITY: sections ***190.176 and*** *190.185, RSMo [Supp. 2007]* ***2016,*** *and section 190.241, [HB 1790, 94th General Assembly, Second Regular Session, 2008]* ***RSMo Supp. 2017****. Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Amended: Filed May 19, 2008, effective Jan. 30, 2009. Emergency amendment filed Feb. 2, 2018, effective Feb. 12, 2018, expires Aug. 10, 2018. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 40—Comprehensive Emergency Medical Services Systems Regulations

EMERGENCY AMENDMENT

19 CSR 30-40.750 ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation Application and Review. The department is amending and renumbering the rule text; adding a new section (3); and adding the form included after the rule.

PURPOSE: This amendment adds an option and establishes requirements for hospitals which are certified as STEMI centers by the Joint Commission, the American Heart Association, or the American College of Cardiology to become designated as level I, II, or III STEMI centers without being reviewed by DHSS (the department). This amendment also adds an application for these hospitals which are certified as STEMI centers by the Joint Commission, the American Heart Association, or the American College of Cardiology to complete in order to become designated as level I, II, or III STEMI centers by the department. This amendment also adds focus reviews to be conducted after an initial review. Additionally, this amendment prohibits hospitals from holding themselves out as STEMI centers designated by the department until STEMI initial reviews have been completed by the department for those hospitals applying to be reviewed and designated by the department as STEMI centers during the first round of applications. The department will give all hospitals designated as STEMI centers through sections (2) and (3) written approval of the date these hospitals may begin holding themselves out as department designated STEMI centers during the first round of applications.

EMERGENCY STATEMENT: Heart disease, including STEMI (a specific type of heart attack), is the leading cause of death in Missouri. A STEMI is a type of a heart attack which impairs blood flow to a person's heart muscle. Mortality and disability is reduced when specific therapies are administered to STEMI patients within a short period of time after the onset of STEMI symptoms. The quicker that blood flow is restored to the heart, the less damage is done to the heart muscle. STEMI centers will provide a timely and medically appropriate focused approach to STEMI care that provides patients with better STEMI outcomes. During the 2017 legislative session, section 190.241, RSMo, was amended to add an option for hospitals to become designated as STEMI centers by the department if the hospitals are certified as STEMI centers by the Joint Commission, the American Heart Association, and by other certifying bodies designated by the department. The department has identified other STEMI certifying bodies that hospitals could be certified with in order to receive a designation from the department without being reviewed by the department. The department has approved the American College of Cardiology as a certifying body in addition to the Joint Commission and the American Heart Association whose reviews are comparable to that conducted by the department. In September of 2015, the department began reviewing hospitals in Missouri that had submitted applications for STEMI review during the first round of applications. The department is nearing the end of the review process for those hospitals that had submitted their STEMI applications to the department during the first round of applications. There are at least three (3) hospitals in Missouri that have submitted to the department an application for STEMI review during the first round of applications which have not yet been reviewed by the department and which already hold a designation with the Joint Commission or the American College of Cardiology. As a result of this amendment, these hospitals will not have to go through dual reviews with both the department and the Joint Commission or the American College of Cardiology. Further, renewal of STEMI designations will begin in September of 2018, because the designations last for a period of three (3) years. Having this amendment in effect prior to September of 2018, will decrease the expense and staff time and involvement for the department and the hospitals in preparing for reviews by both the department and the Joint Commission or the American College of Cardiology for approximately eleven (11) hospitals in Missouri that are designated by the department and certified by the Joint Commission or the American College of Cardiology as chest pain centers. As a result, the DHSS finds an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. The copy of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The DHSS believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 2, 2018, becomes effective February 12, 2018, and expires August 10, 2018.*

(1) Participation in Missouri's STEMI center program is voluntary and no hospital shall be required to participate. No hospital shall hold itself out to the public as a state-designated STEMI center unless it is designated as such by the Department of Health and Senior Services (department). Hospitals desiring STEMI center designation shall apply to the department **either through the option outlined in section (2) or section (3)**. Only those hospitals found *[by review]* to be in compliance with the requirements of the rules of this chapter shall be designated by the department as STEMI centers.

(2) Hospitals requesting to be reviewed and designated as a STEMI center by the department shall meet the following requirements:

(A) An application for STEMI center designation shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a fair determination of eligibility for review and designation in accordance with the rules of this chapter. The STEMI center review and designation application form, included herein, is available at the Health Standards and Licensure (HSL) office, or online at the department's website at www.health.mo.gov, or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for STEMI center designation shall be submitted to the department no less than sixty (60) days and no more than one hundred twenty (120) days prior to the desired date of the initial designation or expiration of the current designation*[.]*;

(B) Both sections A and B of the STEMI center review and designation application form, included herein, shall be complete before the department will arrange a date for the review. The department shall notify the hospital/STEMI center of any apparent omissions or errors in the completion of the STEMI center review and designation application form. When the STEMI center review and designation application form is complete, the department shall contact the hospital/STEMI center to arrange a date for the review*[.]*;

(C) The hospital/STEMI center shall cooperate with the department in arranging for a mutually suitable date for any announced

reviews*[.]*;

*[(2)]***(D)** The different types of **site** reviews to be conducted on hospitals/STEMI centers **seeking STEMI center designation by the department** include:

*[(A)]***1.** An initial review shall occur on a hospital applying to be initially designated as a STEMI center. An initial review shall include interviews with designated hospital staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter;

*[(B)]***2.** A validation review shall occur on a designated STEMI center applying for renewal of its designation as a STEMI center. Validation reviews shall occur no less than every three (3) years. A validation review shall include interviews with designated STEMI center staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter; and

*[(C)]***3.** A focus review shall occur on a designated STEMI center in which a**n initial or** validation review was conducted and substantial deficiency(ies) were cited. A review of the physical plant will not be necessary unless a deficiency(ies) was cited in the physical plant in the preceding validation review. The focus review team shall be comprised of a representative from the department and may include a qualified contractor(s) with the required expertise to evaluate corrections in areas where deficiencies were cited*[.]*;

*[(3)]***(E)** STEMI center designation shall be valid for a period of three (3) years from the date the STEMI center/hospital is designated.

*[(A)]***1.** STEMI center designation shall be site specific and nontransferable when a STEMI center changes location.

*[(B)]***2.** Once designated as a STEMI center, a STEMI center may voluntarily surrender the designation at any time without giving cause*[,]* by contacting the department in writing. In these cases, the application and review process shall be completed again before the designation may be reinstated*[.]*;

*[(4)]***(F)** For the purpose of reviewing previously designated STEMI centers and hospitals applying for STEMI center designation, the department shall use review teams consisting of qualified contractors. These review teams shall consist of one (1) STEMI coordinator or STEMI program manager who has experience in STEMI care and one (1) emergency medicine physician experienced in STEMI care. The review team shall also consist of at least one (1) and no more than two (2) cardiologist(s)/interventional cardiologist(s) who are experts in STEMI care. One (1) representative from the department will also be a participant of the review team. This representative shall coordinate the review with the hospital/STEMI center and the other review team members.

*[(A)]***1.** Any individual interested in becoming a qualified contractor to conduct reviews shall—

*[1.]***A.** Send the department a curriculum vitae (CV) or *[resume]* **résumé** that includes his or her experience and expertise in STEMI care and whether an individual is in good standing with his or her licensing boards. A qualified contractor shall be in good standing with his or her respective licensing boards;

*[2.]***B.** Provide the department evidence of his or her previous site survey experience (state and/or national designation survey process); and

*[3.]***C.** Submit a list to the department that details any ownership he or she may have in a Missouri hospital(s), whether he or she has been terminated from any Missouri hospital(s), any lawsuits he or she has currently or had in the past with any Missouri hospital(s), and any Missouri hospital(s) for which his or her hospital privileges have been revoked.

*[(B)]***2.** Qualified contractors for the department shall enter into a written agreement with the department indicating, that among other things, they agree to abide by Chapter 190, RSMo, and the rules in this chapter, during the review process*[.]*;

*[(5)]***(G)** Out-of-state review team members shall conduct levels I and II hospital/STEMI center reviews. Review team members are considered out-of-state review team members if they work outside of the state of Missouri. In-state review team members may conduct levels III and IV hospital/STEMI center reviews. Review team members are considered in-state review team members if they work in the state of Missouri. In the event that out-of-state reviewers are unavailable, levels I and II STEMI center reviews may be conducted by in-state reviewers from Emergency Medical Services (EMS) regions as set forth in 19 CSR 30-40.302 other than the region being reviewed with the approval of the director of the department or his/her designee. When utilizing in-state review teams, levels I and II hospital/STEMI centers shall have the right to refuse one (1) in-state review team or certain members from one (1) in-state review team*[.]*;

*[(6)]***(H)** Hospitals/STEMI centers shall be responsible for paying expenses related to the costs of the qualified contractors to review their respective hospitals/STEMI center during initial, validation, and focus reviews. The department shall be responsible for paying the expenses of its representative. Costs of the review to be paid by the hospital/STEMI center include:

*[(A)]***1.** An honorarium shall be paid to each qualified contractor of the review team. Qualified contractors of the review team for level I and II STEMI center reviews shall be paid six hundred dollars ($600) for the day of travel per reviewer and eight hundred fifty dollars ($850) for the day of the review per reviewer. Qualified contractors of the review team for level III and IV STEMI center reviews shall be paid five hundred dollars ($500) for the day of travel per reviewer and five hundred dollars ($500) for the day of the review per reviewer. This honorarium shall be paid to each qualified contractor of the review team at the time the site survey begins;

*[(B)]***2.** Airfare shall be paid for each qualified contractor of the review team, if applicable;

*[(C)]***3.** Lodging shall be paid for each qualified contractor of the review team. The hospital/STEMI center shall secure the appropriate number of hotel rooms for the qualified contractors and pay the hotel directly; and

*[(D)]***4.** Incidental expenses, if applicable, for each qualified contractor of the review team shall not exceed two hundred fifty dollars ($250) and may include the following:

*[1.]***A.** Airport parking;

*[2.]***B.** Checking bag charges;

*[3.]***C.** Meals during the review; and

*[4.]***D.** Mileage to and from the review if no airfare was charged by the reviewer. Mileage shall be paid at the federal mileage rate for business miles as set by the Internal Revenue Service (IRS). Federal mileage rates can be found at the website www.irs.gov*[.]*;

*[(7)]***(I)** Upon completion of a review, the qualified contractors from the review team shall submit a report of their findings to the department. This report shall state whether the specific standards for STEMI center designation have or have not been met and if not met, in what way they were not met. This report shall detail the hospital/STEMI center's strengths, weaknesses, deficiencies, and recommendations for areas of improvement. This report shall also include findings from patient chart audits and a narrative summary of the following areas: prehospital, hospital, STEMI service, emergency department, operating room, angiography suites, recovery room, clinical lab, intensive care unit, rehabilitation, performance improvement and patient safety programs, education, outreach, research, chart review, and interviews. The department shall have the final authority to determine compliance with the rules of this chapter*[.]*;

*[(8)]***(J)** The department shall return a copy of the report to the chief executive officer, the STEMI medical director, and the STEMI program manager/coordinator of the hospital/STEMI center reviewed. Included within the report shall be notification indicating whether the hospital/STEMI center has met the criteria for STEMI center designation or has failed to meet the criteria for STEMI center designation as requested. Also, if a focus review of the STEMI center is required, the time frame for this focus review will be shared

with the chief executive officer, the STEMI medical director, and the STEMI program manager/coordinator of the STEMI center reviewed*[.]*;

*[(9)]***(K)** When the hospital/STEMI center is found to have deficiencies, the hospital/STEMI center shall submit a plan of correction to the department. The plan of correction shall include identified deficiencies, actions to be taken to correct deficiencies, time frame in which the deficiencies are expected to be resolved, and the person responsible for the actions to resolve the deficiencies. A plan of correction form shall be completed by the hospital and returned to the department within thirty (30) days after notification of review findings and designation. If a focus review is required, the STEMI center shall be allowed a minimum period of six (6) months to correct deficiencies*[.]*;

(L) No hospital shall hold itself out as a STEMI center designated by the department until given written approval by the department. The department shall give written approval to the hospitals to begin holding themselves out as designated STEMI centers by the department after all initial STEMI reviews have been completed for those hospitals which applied for STEMI review and designation with the department during the first round of applications and the time for plans of corrections have expired;

*[(10)]***(M)** A STEMI center shall make the department aware in writing within thirty (30) days if there are any changes in the STEMI center's name, address, contact information, chief executive officer, STEMI medical director, or STEMI program manager/coordinator*[.]*;

*[(11)]***(N)** Any person aggrieved by an action of the department affecting the STEMI center designation pursuant to Chapter 190, RSMo, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination by the Administrative Hearing Commission under Chapter 621, RSMo. It shall not be a condition to such determination that the person aggrieved seek reconsideration, a rehearing, or exhaust any other procedure within the department*[.]*; **and**

*[(12)]***(O)** The department may deny, place on probation, suspend, or revoke such designation in any case in which it has reasonable cause to believe that there has been a substantial failure to comply with the provisions of Chapter 190, RSMo, or any rules or regulations promulgated pursuant to this chapter. If the department has reasonable cause to believe that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a STEMI center fails two (2) consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245, RSMo, or rules adopted by the department pursuant to sections 190.001 to 190.245, RSMo, its center designation shall be revoked.

(3) Hospitals seeking STEMI center designation by the department based on their current certification as a STEMI center by the Joint Commission, American Heart Association, or American College of Cardiology shall meet the following requirements:

(A) An application for STEMI center designation by the department for hospitals that have been certified as a STEMI/chest pain center by the Joint Commission, American Heart Association, or American College of Cardiology shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a determination of eligibility for review and designation in accordance with the rules of this chapter. The application for STEMI certified hospital designation form, included herein, is available at the Health Standards and Licensure (HSL) office, or online at the department's website at www.health.mo.gov, or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for STEMI center designation shall be submitted to the department no less than sixty (60) days and no more than one hundred twenty (120) days prior to the desired date of the initial designation or expiration of the current designation;

(B) Both sections A and B of the application for STEMI certified hospital designation form, included herein, shall be complete before the department designates a hospital/STEMI center. The department shall notify the hospital/STEMI center of any apparent omissions or errors in the completion of the application for STEMI certified hospital designation form. Upon receipt of a completed and approved application, the department shall designate such hospital as follows:

1. The department shall designate a hospital as a level I STEMI center if such hospital has been certified as a comprehensive cardiac center by the Joint Commission;

2. The department shall designate a hospital as a level II STEMI center if such hospital has been certified as any of the following:

A. Mission lifeline Percutaneous Coronary Intervention (PCI)/STEMI receiving center by the American Heart Association;

B. Chest pain center with PCI center by the American College of Cardiology; or

C. Chest pain with PCI and resuscitation center by the American College of Cardiology;

3. The department shall designate a hospital as a level III STEMI center if such hospital has been certified as any of the following:

A. Mission lifeline non/PCI STEMI referral center by the American Heart Association;

B. Chest pain center by the Joint Commission;

C. Primary Acute Myocardial Infarction (AMI) center by the Joint Commission; or

D. Chest pain center by the American College of Cardiology;

(C) No hospital shall hold itself out as a STEMI center designated by the department until given written approval by the department. The department shall give written approval to the hospitals to begin holding themselves out as designated STEMI centers by the department after all initial STEMI reviews have been completed for those hospitals which applied for STEMI review and designation with the department during the first round of applications and the time for plans of corrections have expired. This does not prohibit the hospitals from holding themselves out as certified STEMI/chest pain centers by the Joint Commission, the American Heart Association, or the American College of Cardiology;

(D) Annually from the date of designation by the department submit to the department proof of certification as a STEMI/chest pain center by the Joint Commission, the American Heart Association, or the American College of Cardiology and the names and contact information of the medical director of the STEMI/chest pain center and the program manager of the STEMI chest pain center;

(E) Within thirty (30) days of any changes submit to the department proof of certification as a STEMI/chest pain center by the Joint Commission, the American Heart Association, or the American College of Cardiology and the names and contact information of the medical director of the STEMI/chest pain center and the program manager of the STEMI/chest pain center;

(F) Submit to the department a copy of the certifying organization's final STEMI/chest pain center certification survey results within thirty (30) days of receiving such results;

(G) Submit to the department a completed application for STEMI certified hospital designation form every three (3) years;

(H) Participate in the emergency medical services regional system of STEMI care in its respective emergency medical services region as defined in 19 CSR 30-40.302;

(I) Any hospital designated as a level III STEMI center that is certified by the Joint Commission, the American Heart Association, or the American College of Cardiology shall have a formal agreement with a level I or level II STEMI center designated by the department for physician consultative services for evaluation of STEMI patients;

(J) Participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources;

(K) Submit data to meet the data submission requirements in section 190.241, RSMo, and 19 CSR 30-40.760;

(L) The designation of a hospital as a STEMI center pursuant to section (3) shall continue if such hospital retains certification as a STEMI center by the Joint Commission, the American Heart Association, or the American College of Cardiology; and

(M) The department may remove a hospital's designation as a STEMI center if requested by the hospital or the department determines that the Joint Commission, the American Heart Association, or American College of Cardiology certification has been suspended or revoked. The department may also remove a hospital's designation as a STEMI center if the department determines the hospital's certification with the Joint Commission, the American Heart Association, or American College of Cardiology has expired. Any decision made by the department to withdraw the designation of a STEMI center that is based on the revocation or suspension of a certification by the Joint Commission, the American Heart Association, or the American College of Cardiology shall not be subject to judicial review.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE
APPLICATION FOR ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) CERTIFIED HOSPITAL DESIGNATION

SECTION A

In accordance with the requirements of Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a STEMI center. Please complete all information.	Organization's STEMI Identification Number

Current STEMI Certification Organization and Level

LEVEL I	LEVEL II	LEVEL III
☐ Joint Commission, Comprehensive Cardiac Center	☐ American Heart Association, Mission Lifeline Percutaneous Coronary Intervention (PCI)/ STEMI Receiving Center ☐ American College of Cardiology, Chest Pain with PCI Center ☐ American College of Cardiology, Chest Pain with PCI and Resuscitation Center	☐ American Heart Association, Mission Lifeline Non/PCI STEMI Referral Center ☐ Joint Commission, Chest Pain Center ☐ Joint Commission, Primary Acute Myocardial Infarction (AMI) Center ☐ American College of Cardiology, Chest Pain Center

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)		Telephone Number
Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
STEMI Medical Director (Name, email, and contact phone number)	STEMI Program Manager (Name, email, and contact phone number)

Section B

The following should be submitted to the department as indicated:

☐ Proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology with the expiration date of the certification.
☐ Copy of the final STEMI survey results from the Joint Commission, American Heart Association or American College of Cardiology.

If applying for Level III STEMI Center designation, the following should be submitted to the Department:

☐ Formal agreement with Level I or Level II STEMI center for physician consultative services for evaluation of STEMI patients.

CERTIFICATION

We, the undersigned, hereby certify that:
A. We will annually and within thirty (30) days of any changes submit to the department proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology.
B. We will annually and within thirty (30) days of any changes submit to the department names and contact information of our medical director and the program manager of the STEMI center.
C. We will submit to the department a copy of our final STEMI certification survey results from the Joint Commission, American Heart Association or American College of Cardiology within thirty (30) days of receiving such results.
D. We will participate in the emergency medical services regional system of STEMI care in our respective emergency medical services region as defined in 19 CSR 30-40.302.
E. We will participate in local and regional emergency medical services sytems by reviewing and sharing outcome data and providing training and clinical educational resources.
F. We will submit data to meet the data submission requirements outlined in section 190.241, RSMo, and 19 CSR 30-40.760.
G. We understand that our designation as a STEMI center by the department shall continue only if our hospital remains certified as a STEMI center by the Joint Commission, American Heart Association or American College of Cardiology.

Date of application _____

Signed _____
Chairman/President of Board of Trustees, Owner, or one Partner of Partnership

Signed _____
Hospital Chief Executive Officer

Signed _____
STEMI Medical Director

Signed _____
Director of Emergency Medicine

*AUTHORITY: [section 192.006, RSMo 2000, and] sections 190.185 and **192.006, RSMo 2016, and section** 190.241, RSMo Supp. [2012] **2017**. Original rule filed Nov. 15, 2012, effective June 30, 2013. Emergency amendment filed Feb. 2, 2018, effective Feb. 12, 2018, expires Aug. 10, 2018. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo 2016.

Office of the Governor
State of Missouri

Proclamation

WHEREAS, Article IV, Section 27, authorizes the Governor to control the rate at which any appropriation is expended by allotment and, further, authorizes the Governor to reduce the expenditures of the state or any of its agencies below their appropriations whenever the actual revenues are less than the revenue estimates upon which the appropriations were based; and

WHEREAS, in addition to the power to control the rate of expenditure established in Article IV, Section 27, three percent of each appropriation, with the exception of amounts for personal service to pay salaries fixed by law, shall be set aside pursuant to section 33.290, RSMo, as a reserve fund and not subject to expenditure except with the approval of the Governor; and

WHEREAS, Article IV, Section 27.2, provides that the Governor notify the General Assembly "whenever the rate at which any appropriation shall be expended is not equal quarterly allotments, the sum of which shall be equal to the amount of the appropriation"; and

WHEREAS, due to a variety of factors, including the three percent reserve that is legally required by section 33.290, RSMo, the rate at which most appropriations are expended is not in "equal quarterly allotments, the sum of which shall be equal to the amount of the appropriation"; and

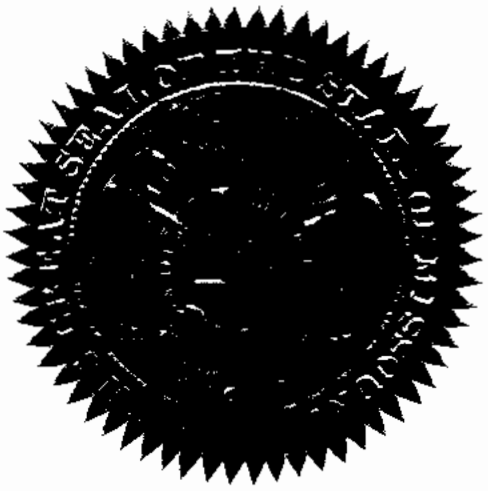
WHEREAS, Article IV, Section 27.3, provides that the Governor notify the General Assembly "when the governor reduces one or more items or portions of items of appropriation of money as a result of actual revenues being less than the revenue estimates upon which the appropriations were based."

NOW THEREFORE, I, Eric R. Greitens, GOVERNOR OF THE STATE OF MISSOURI, pursuant to Article IV, Section 27, do hereby make the following notification to the Ninety-Ninth General Assembly of the State of Missouri:

I hereby notify the General Assembly, pursuant to Article IV, Section 27.2 of the Missouri Constitution, that, through the second quarter of fiscal year 2018, the rate of expenditure for each of the appropriation lines in the fiscal year 2018 budget attached as Exhibit A is not in equal quarterly allotments, the sum of which shall be equal to the amount of the appropriation.

I further notify the General Assembly, pursuant to Article IV, Section 27.3 of the Missouri Constitntion, that, in the third quarter of fiscal year 2018, I have taken no action to permanently reduce one or more items or portions of items of appropriation of money as a result of actual revenues being less than the revenue estimates upon which the appropriations were based in the fiscal year 2018 budget.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, this 14th day of February 2018.



Eric R. Greitens
Governor

Attest:

Secretary of State

Exhibit A

#	Agency	Budget Appropriation Line
1	ELEM & SEC EDUCATION-OPER	02.015
2	ELEM & SEC EDUCATION-OPER	02.015
3	REVENUE-OPERATING	04.145
4	REVENUE-OPERATING	04.145
5	REVENUE-OPERATING	04.145
6	REVENUE-OPERATING	04.145
7	REVENUE-OPERATING	04.145
8	REVENUE-OPERATING	04.145
9	REVENUE-OPERATING	04.145
10	REVENUE-OPERATING	04.145
11	REVENUE-OPERATING	04.145
12	REVENUE-OPERATING	04.145
13	OFFICE ADMINISTRATION-OPER	05.007
14	OFFICE ADMINISTRATION-OPER	05.165
15	HEALTH & SENIOR SERVICES-OPER	10.735
16	SOCIAL SERVICES-OPERATING	11.510
17	SOCIAL SERVICES-OPERATING	11.555
18	STATE TREASURER-OPERATING	12.125
19	PUBLIC DEFENDER-OPERATING	12.400
20	PUBLIC DEFENDER-OPERATING	12.400

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register.* If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety- (90-) day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

Title 1—OFFICE OF ADMINISTRATION
Division 50—Missouri Ethics Commission
Chapter 5—Committee Registration and Reporting

PROPOSED RULE

1 CSR 50-5.010 Definitions

PURPOSE: This rule sets out the definitions of terms used in Chapter 1 CSR 50-5 of Missouri Ethics Commission to clarify registration and reporting requirements for certain types of committees.

(1) As used in this chapter, the following terms mean:

(A) Committee domiciled outside of this state - a campaign finance committee registered according to the campaign finance disclosure laws of a state, other than the State of Missouri, or as a federal political action committee, as defined in this rule, which is registered and reporting with the Federal Election Commission;

(B) Federal political action committee – a political committee under 52 U.S.C. 30101(4) that is not an authorized committee of a federal candidate under 52 U.S.C. 30101(6) or a federal committee of a national, state, or local political party under 52 U.S.C. 30101(4)(C), (14), or (15);

(C) Commission – The Missouri Ethics Commission;

(D) Continuing committee/Political action committee – a committee defined as a continuing committee under Mo. Const. Art. VIII, section 23.7(6)(c) and section 130.011(10), RSMo, and Mo. Const. Art. VIII, section 23.7(20), or a political action committee under Mo. Const. Art. VIII, section 23.7(20);

(E) Domicile – the address of a committee listed on a statement of organization as defined in section 130.026.6, RSMo; and

(F) Out-of-state committee - a campaign finance committee registered according to the campaign finance disclosure laws of a state, other than the State of Missouri, or a federal political action committee as defined in this rule, which is registered and reporting with the Federal Election Commission.

AUTHORITY: sections 105.955.14(7) and 105.961.3, RSMo 2016. Original rule filed Feb. 7, 2018.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Ethics Commission, 3411A Knipp Drive, Jefferson City MO. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 1—OFFICE OF ADMINISTRATION
Division 50—Missouri Ethics Commission
Chapter 5—Committee Registration and Reporting

PROPOSED RULE

1 CSR 50-5.020 Registration Requirements for Committees Domiciled Outside the State of Missouri and Out-of-State Committees

PURPOSE: This rule clarifies and makes consistent the rules requiring committees domiciled outside the state of Missouri and out-of-state committees, including certain federal committees, to register and file campaign finance disclosure reports with the Missouri Ethics Commission. The rule also clarifies federal committees which qualify as federal political action committees for purposes of contributions to Missouri committees under the Missouri Constitution.

(1) Committees domiciled outside the State of Missouri and out-of-state committees which meet the conditions of section 130.021.10, RSMo shall be required to register as a Missouri continuing committee/political action committee with the commission.

(2) Committees falling within the requirements of section (1) shall be required to—

(A) Appoint a treasurer who is a resident of the State of Missouri;

(B) Have a single official fund depository within the State of Missouri as defined in section 130.021.4(1), RSMo and shall maintain at least one official depository account in the committee's name;

(C) Include the words "federal committee" in the committee name in order to identify themselves as a federal political action committee under Mo. Const. Art. VIII, section 23.3(12); and

(D) File a statement of organization identified as a continuing/political action committee no later than sixty (60) days prior to the election for which the committee receives contributions or make expenditures, and prior to making a contribution or expenditure in the State of Missouri.

(3) A committee domiciled outside the State of Missouri or an out-of-state committee which does not meet the conditions of section 130.021(10), RSMo shall be required to comply with out-of-state reporting requirements under sections 130.049 and 130.050, RSMo.

(4) Federal political action committees domiciled within the State of Missouri shall be required to follow the requirements of section (2) if they meet the definition of a continuing committee/political action committee under Mo. Const. Art. 23, Section 7 and Mo. Const. Art. 23, Section 7; and section 130.011(10), RSMo.

(5) A federal political action committee meeting the requirements of this rule shall be considered a "federal political action committee" for purposes of contributing to Missouri continuing committees/political action committees pursuant to Mo. Const. Art. 23, Section 7.

(6) Any committee required to file statements of organization under this rule shall be required to follow all reporting and recordkeeping requirements under Chapter 130, RSMo.

AUTHORITY: MO CONST. Art. 23, section 7; and sections 105.955.14(7), 105.961.3, 130.011(10), 130.021.4, and 130.021.5, RSMo 2016. Original rule filed Feb. 7, 2018.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Ethics Commission, 3411A Knipp Drive, Jefferson City MO. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 4—Wildlife Code: General Provisions

PROPOSED AMENDMENT

3 CSR 10-4.200 Chronic Wasting Disease; Management Zone. The commission proposes to add new subsection (2)(C) and re-letter the subsequent subsection of this rule.

PURPOSE: This amendment allows the placement of feed to attract feral hogs for elimination efforts within a Chronic Wasting Disease Management Zone.

(2) Within a Chronic Wasting Disease (CWD) Management Zone, the placement of grain, salt products, minerals, and other consumable natural and manufactured products is prohibited. The following exceptions apply:

(A) Feed placed within one hundred (100) feet of any residence or occupied building; or

(B) Feed placed in such a manner to reasonably exclude access by deer; or

(C) Feed placed as part of a feral hog or CWD management effort authorized by an agent of the department; or

*[(C)]***(D)** Feed and minerals present solely as a result of normal agricultural or forest management or crop and wildlife food production practices.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section 252.040, RSMo 2016. Original rule filed Dec. 15, 2015, effective May 30, 2016. Amended: Filed March 1, 2017, effective Aug. 30, 2017. Amended: Filed Feb. 9, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at http://mdc.mo.gov/node/24141. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

PROPOSED AMENDMENT

3 CSR 10-7.410 Hunting Methods. The commission proposes to add new subsection (1)(P) and re-letter subsequent subsections of this rule.

PURPOSE: This amendment allows Missouri residents under the age of eighteen (18) who are terminally ill to take one (1) deer or one (1) turkey during the fall deer and turkey season with a firearm or approved method on privately-owned land upon receipt of a method exemption from the department.

(1) Wildlife may be hunted and taken only in accordance with the following:

(P) Any resident of Missouri under the age of eighteen (18) diagnosed with a terminal illness may use a firearm or approved method for the season to hunt and take one (1) deer and one (1) turkey during any portion of the fall firearms or archery seasons on privately-owned land upon receipt of a method exemption. To receive a method exemption, the person must be sponsored by and participate in a hunt organized by a nonprofit charitable organization that has within its mission to provide opportunities and experiences for terminally ill persons. For purposes of this section, "terminal illness" means an incurable or irreversible condition with a corresponding life expectancy that does not exceed twelve (12) months, which has been documented by a licensed physician. Such person must hunt in the immediate presence of a properly licensed adult hunter who is eighteen (18) years of age or older and who has in his/her possession a valid hunter education certificate card or was born before January 1, 1967. A method exemption shall be issued only once to an individual and will only be valid during the designated seasons within

a twelve- (12-) month period.

*[(P)]***(Q)** Hunter Orange. During the youth, November, and antlerless portions of the firearms deer hunting season, all hunters shall wear a cap or hat and a shirt, vest, or coat having the outermost color commonly known as hunter orange which shall be plainly visible from all sides while being worn. Camouflage orange garments do not meet this requirement. This requirement shall not apply to migratory game bird hunters, to hunters using archery methods while hunting within municipal boundaries where discharge of firearms is prohibited, to hunters on federal or state public hunting areas where deer hunting is restricted to archery methods, or to hunters in closed counties during the antlerless portion of the firearms deer hunting season.

*[(Q)]***(R)** Computer-Assisted Remote Hunting. Except as otherwise permitted in this Code, wildlife may be taken only in the immediate physical presence of the taker and may not be taken by use of computer-assisted remote hunting devices.

*[(R)]***(S)** Wildlife may not be hunted, pursued, or taken with the use of poisons or tranquilizing drugs.

*AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section 252.040, RSMo [2000] **2016**. Original rule filed July 22, 1974, effective Dec. 31, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at http://mdc.mo.gov/node/24141. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

PROPOSED AMENDMENT

3 CSR 10-9.105 General Provisions. The commission proposes to add new sections (2)–(5), re-number the subsequent section, and amend the authority section of this rule.

PURPOSE: This amendment clarifies requirements and establishes expiration dates for permits authorized in this chapter and corrects an inaccurate reference in the authority section.

(2) Permits listed in this chapter may be obtained only upon satisfaction of all requirements imposed by this code, including payment of fees at the time of application.

(3) Permits listed in this chapter are nontransferable. No permit or permit application referenced in this chapter may be loaned, falsified, altered, or misrepresented in any manner.

(4) The acceptance of a permit listed in this chapter shall constitute an acknowledgement of the duty to comply with the provisions of this code.

(5) Except as provided in 3 CSR 10-9.425, permits listed in this chapter are valid from July 1 through June 30 of the prescribed permit year(s) listed on the permit.

*[(2)]***(6)** Confined wildlife held under permit within the provision of this chapter shall include only those species on the following Approved Confined Wildlife Species List:

Approved Confined Wildlife Species List

Species Code No.	Common Name	Scientific Name
Class I Wildlife Breeders		
Game Birds		
	Ducks, Mallard	*Anas platyrhynchos*
	Grouse, Blue	*Dendragapus obscurus*
	Grouse, Greater Sage-	*Centrocercus urophasianus*
	Grouse, Gunnison Sage-	*Centrocercus minimus*
	Grouse, Ruffed	*Bonasa umbellus*
	Grouse, Sharp-tailed	*Tympanuchus phasianellus*
	Grouse, Spruce	*Falcipennis canadensis*
	Partridge, Gray	*Perdix perdix*
	Pheasant, Ring-necked (all subspecies)	*Phasianus colchicus*
	Ptarmigan, Rock	*Lagopus mutus*
	Ptarmigan, White-tailed	*Lagopus leucurus*
	Ptarmigan, Willow	*Lagopus lagopus*
	Quail, Bobwhite (all subspecies)	*Colinus virginianus*
	Quail, California	*Callipepla californica*
	Quail, Gamble's	*Callipepla gambelii*
	Quail, Mountain	*Oreortyx pictus*
	Quail, Scaled	*Callipepla squamata*
	Turkey, Wild (all subspecies)	*Melagris gallopava*
Mammals		
	Armadillo, Nine-banded	*Dasypus novemcinctus*
	Badger	*Taxidea taxus*
	Beaver	*Castor canadensis*
	Bobcat	*Lynx rufus*
	Chipmunk, Eastern	*Tamias striatus*
	Coyote	*Canis latrans*
	Deer, Mule	*Odocoileus hemionus*
	Deer, White-tailed	*Odocoileus virginianus*
	Fox, Gray	*Urocyon cinereoargenteus*
	Fox, Red	*Vulpes vulpes*
	Groundhog (Woodchuck)	*Marmota monax*
	Mink	*Neovison vison*
	Muskrat	*Ondatra zibethicus*
	Opossum	*Didelphis virginiana*
	Otter, River	*Lontra canadensis*
	Rabbit, Eastern Cottontail	*Sylvilagus floridanus*
	Rabbit, Swamp	*Sylvilagus aquaticus*
	Raccoon	*Procyon lotor*
	Squirrel, Eastern Gray	*Sciurus carolinensis*
	Squirrel, Fox	*Sciurus niger*
	Squirrel, Franklin's Ground	*Spermophilus franklinii*
	Squirrel, Thirteen-lined Ground	*Spermophilus tridecemlineatus*
	Squirrel, Southern Flying	*Glaucomys volans*
	Weasel, Least	*Mustela nivalis*
	Weasel, Long-tailed	*Mustela frenata*
Amphibians		
Salamanders		
	Newt, Central	*Notophthalmus viridescens*
	Salamander, Tiger	*Ambystoma tigrinum*
Frogs and Toads		
	Bullfrog	*Rana catesbeiana*
	Frog, Green (Bronze)	*Rana clamitans*
	Frog, Southern Leopard	*Rana sphenocephala*
	Toad, American	*Bufo americanus*
	Treefrog, Eastern (Cope's) Gray	*Hyla versicolor/chrysoscelis*
	Treefrog, Green	*Hyla cinerea*

Species Code No.	Common Name	Scientific Name
Reptiles		
Turtles		
	Cooter, River	*Pseudemys concinna*
	Slider, Red-eared	*Trachemys scripta elegans*
	Softshell, Smooth	*Apalone mutica*
	Softshell, Spiny	*Apalone spinifera*
	Turtle, Ornate Box	*Terrapene ornate*
	Turtle, Alligator Snapping	*Macrochelys temminckii*
	Turtle, Common Map	*Graptemys geographica*
	Turtle, Common Musk (Stinkpot)	*Sternotherus odoratus*
	Turtle, Common Snapping	*Chelydra serpentine*
	Turtle, Mississippi Mud	*Kinosternon subrubrum*
	Turtle, Southern Painted	*Chrysemys picta dorsalis*
	Turtle, Three-toed Box	*Terrapene carolina triunguis*
	Turtle, Western Painted	*Chrysemys picta belli*
Lizards		
	Lizard, Eastern Collared	*Crotaphytus collaris*
	Lizard, Prairie (Fence)	*Sceloporus consobrinus* (*undulates*)
	Lizard, Slender Glass	*Ophisaurus attenuatus*
	Lizard, Texas Horned	*Phrynosoma cornutum*
	Skink, Five-lined	*Eumeces fasciatus*
Snakes		
	Bullsnake	*Pituophis catenifer sayi*
	Kingsnake, Prairie	*Lampropeltis calligaster*
	Kingsnake, Speckled	*Lampropeltis getula holbrooki*
	Snake, Black Rat	*Elaphe obsoleta obsoleta*
	Snake, Eastern Garter	*Thamnophis sirtalis sirtalis*
	Snake, Eastern Hog-nosed	*Heterodon platirhinos*
	Snake, Great Plains Rat	*Elaphe guttata emoryi*
	Snake, Red Milk	*Lampropeltis triangulum syspila*
	Snake, Red-sided Garter	*Thamnophis sirtalis parietalis*
	Snake, Western Hog-nosed (Dusty and Plains)	*Heterodon nasicus*
Class II Wildlife Breeders		
	Bear, Black (& hybrids)	*Ursus americanus*
	Copperhead	*Agkistrodon contortrix*
	Cottonmouth	*Agkistrodon piscivorus*
	Lion, Mountain (& hybrids)	*Puma concolor*
	Rattlesnake, Pygmy	*Sistrurus miliarius*
	Rattlesnake, Timber (Canebrake)	*Crotalus horridus*
	Wolf, Gray (& hybrids)	*Canis lupus*
Game Bird Hunting Preserves		
	Ducks, Mallard	*Anas platyrhynchos*
	Partridges, Exotic (all species)	All species
	Pheasants (all species)	All species
	Quail (all species)	All species
Big Game Hunting Preserves		
	Antelope, Pronghorn	*Antilocapra americana*
	Boar, Wild (including feral hogs, razorback hogs, European boars and other pig species)	
	Caribou (Reindeer)	*Rangifer tarandus*
	Deer, Fallow	*Dama dama*
	Deer, Mule	*Odocoileus hemionus*
	Deer, Red	*Cervus* species
	Deer, Sika	*Cervus nippon*
	Deer, White-tailed	*Odocoileus virginianus*
	Elk	*Cervus elaphus*
	Goat, Mountain	*Oreamnos americanus*
	Moose	*Alces alces*
	Sheep, Bighorn	*Ovis canadensis*
	Sheep, Dall	*Ovis dalli*
	Ungulates (other species)	deer, antelope deer, goats, sheep, etc.

Species Code No.	Common Name	Scientific Name
Wildlife Hobby		
	Badger	*Taxidea taxus*
	Beaver	*Castor canadensis*
	Bobcat	*Lynx rufus*
	Coyote	*Canis latrans*
	Fox, Gray	*Urocyon cinereoargenteus*
	Fox, Red	*Vulpes vulpes*
	Groundhog (Woodchuck)	*Marmota monax*
	Mink	*Neovison vison*
	Muskrat	*Ondatra zibethicus*
	Opossum	*Didelphis virginiana*
	Otter, River	*Lontra canadensis*
	Pheasant, Ring-necked (all subspecies)	*Phasianus colchicus*
	Quail, Bobwhite (all subspecies)	*Colinus virginianus*
	Rabbit, Eastern Cottontail	*Sylvilagus floridanus*
	Rabbit, Swamp	*Sylvilagus aquaticus*
	Raccoon	*Procyon lotor*
	Squirrel, Eastern Gray	*Sciurus carolinensis*
	Squirrel, Fox	*Sciurus niger*
	Weasel, Least	*Mustela nivalis*
	Weasel, Long-tailed	*Mustela frenata*
Wildlife Collector's Permit		
	Species and numbers of each are limited to those specified on the permit.	
Resident Falconry Permit		
	Birds of prey as permitted under 3 CSR 10-9.422.	
Hound Running Area Operator and Dealer Permit		
	Coyote	*Canis latrans*
	Fox, Gray	*Urocyon cinereoargenteus*
	Fox, Red	*Vulpes vulpes*
Field Trial Permit		
	Ducks, Mallard	*Anas platyrhynchos*
	Partridges, Exotic (all species)	All species
	Pheasants (all species)	All species
	Quail (all species)	All species
Dog Training Area Permit		
	Drake, Mallard	*Anas platyhynchos*
	Partridges, Exotic (all species)	All species
	Pheasants (all species)	All species
	Quail (all species)	All species

*AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section [252.240] **252.040**, RSMo [2000] **2016**. Original rule filed June 9, 1993, effective Jan. 1, 1994. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at http://mdc.mo.gov/node/24141. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

PROPOSED AMENDMENT

3 CSR 10-9.442 Falconry. The commission proposes to amend subsection (4)(A) and the authority section of this rule.

PURPOSE: This amendment reflects updates to the avian taxonomic classification hierarchy recognized by the American Ornithological Society that moves kites, hawks, eagles, and allies out of the order Falconiformes to the order Accipitriformes and corrects an inaccurate reference in the authority section.

(4) An applicant for a permit shall submit an application with information including the number of raptors possessed and the species, age, sex, date of acquisition, and source of each. An applicant under eighteen (18) years of age must have a parent or legal guardian cosign the application. Falconry permits are issued by classes as follows:

(A) Apprentice Class—A permittee shall be at least twelve (12) years old and shall have a sponsor holding a general or master falconry permit. A sponsor shall have no more than three (3) apprentices at any one (1) time. An apprentice may possess only one (1) wild caught, captive-bred, or hybrid raptor of the order ***Accipitriformes*****,** *Strigiformes***,** or *Falconiformes* except the following: Osprey, *[American]* swallow-tailed kite, Mississippi kite, bald eagle, white-tailed eagle, Steller's sea-eagle, northern harrier, Swainson's hawk, ferruginous hawk, sharp-shinned hawk, golden eagle, peregrine falcon, prairie falcon, flammulated owl, burrowing owl, barn owl, long-eared owl, and short-eared owl and may obtain not more than two (2) raptors from the wild during the twelve- (12-)*[-]* month reporting

period. An apprentice permittee may not possess a bird taken from the wild as a nestling or that is imprinted on humans;

*AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section [252.240] **252.040**, RSMo [2000] **2016**. This rule previously filed as 3 CSR 10-7.442. Original rule filed July 22, 1974, effective Dec. 31, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at http://mdc.mo.gov/node/24141. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 10—Wildlife Code: Commercial Permits: Seasons, Methods, Limits

PROPOSED AMENDMENT

3 CSR 10-10.705 Commercialization. The commission proposes to number the first section, add new sections (2)–(5), and amend the authority section of this rule.

PURPOSE: This amendment clarifies requirements and establishes expiration dates for permits authorized in this chapter and corrects an inaccurate reference in the authority section.

(1) Wildlife may be bought, sold, offered for sale, exchanged, transported, or delivered only under the conditions of the prescribed permit, or as otherwise provided in this chapter. No affidavit, receipt, or other document may be issued or used in lieu of the required permit. Any permit issued or obtained by false statement or through fraud, or while permits are revoked or denied by the commission, shall be invalid. The commission may suspend, revoke, or deny a permit or privilege for cause, but not until an opportunity has been afforded for a hearing before the commission or its authorized representative. Hearings under this section shall be contested cases pursuant to Chapter 536, RSMo and any person aggrieved by a final decision shall be entitled to judicial review as provided in Chapter 536, RSMo.

(2) Permits for commercial wildlife may be obtained only upon satisfaction of all requirements imposed by this code, including payment of fees at the time of application.

(3) No commercial wildlife permit, or commercial wildlife permit application, may be loaned, falsified, altered, or misrepresented in any manner.

(4) The acceptance of a permit for commercial wildlife shall constitute an acknowledgement of the duty to comply with the provisions of this code.

(5) Permits for commercial wildlife are nontransferable and are valid from July 1 through June 30 of the prescribed permit year.

*AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section [252.240] **252.040**, RSMo [2000] **2016**. Original rule filed Aug. 18, 1970, effective Dec. 31, 1970. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at http://mdc.mo.gov/node/24141. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for Areas Owned by Other Entities

PROPOSED AMENDMENT

3 CSR 10-12.109 Closed Hours. The commission proposes to add subsection (1)(H) and re-letter subsequent subsections of this rule.

PURPOSE: This proposed amendment establishes closed hours at Kearney (Jesse James Park Lake) an area managed in cooperation with other public entities.

(1) Closed Hours. The following areas are closed to public use from 10:00 p.m. to 4:00 a.m. daily; however, hunting, fishing, trapping, dog training, camping, launching boats, and landing boats are permitted at any time on areas where these activities are authorized, except as further restricted in this chapter.

(H) Kearney (Jesse James Park Lake)

*[(H)]***(I)** Kirksville (Hazel Creek Lake, Spur Pond)

*[(I)]***(J)** Lancaster (City Lake, Paul Bloch Memorial Pond)

*[(J)]***(K)** La Plata City Lake

*[(K)]***(L)** Liberty (Fountain Bluff Park Ponds Nos. 1, 2, 3, 4, 5, 6, 7, and 8)

*[(L)]***(M)** Macon County (Fairground Lake)

*[(M)]***(N)** Marceline (Marceline City Lake, Old Marceline City Reservoir)

*[(N)]***(O)** Memphis (Lake Showme)

*[(O)]***(P)** Milan (Elmwood Lake)

*[(P)]***(Q)** Monroe City (Route J Reservoir)

*[(Q)]***(R)** Palmyra (Akerson Access)

*[(R)]***(S)** Pemiscot County (Triangle Boat Club Access)

*[(S)]***(T)** Pleasant Hill (Pleasant Hill City Lake and Porter Park Lake)

*[(T)]***(U)** Rockaway Beach Access

*[(U)]***(V)** Sedalia Water Department (Spring Fork Lake)

*[(V)]***(W)** Springfield City Utilities (Fellows Lake, Lake Springfield, Tailwaters Access)

*AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section 252.040, RSMo 2016. Original rule filed June 1, 2001, effective Oct. 30, 2001. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500)

in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at http://mdc.mo.gov/node/24141. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 2—Traffic Regulation

PROPOSED AMENDMENT

7 CSR 10-2.020 Ordering Limitation of Weights on, or Closing of, Certain State Roads. The Missouri Highways and Transportation Commission is amending section (1) and deleting sections (2) through (3).

PURPOSE: This amendment removes unnecessary language while retaining the chief engineer's power to close or impose vehicle weight limits on any road in the state highway system for the purpose of the construction or maintenance of such road, or for the safety of the traveling public. Any closure or weight limit shall have a sign posted along the road to alert the traveling public.

(1) *[The acting chief counsel called the commission's attention to the fact that at various times and places certain state bridges and roadways would be seriously damaged or entirely destroyed if subjected to the full statutory weights of vehicles; that such conditions are often created in only a few hours or minutes, with little or no warning, due to floods, weather conditions, traffic accidents, explosions, etc.; that it is often impossible and almost always impractical (if damage or destruction of the bridge or roadway is to be prevented) to delay limiting use of bridge or roadway until the commission can be convened in formal session to pass a resolution ordering limitation of use in each specific case; and that it has been contended by some that because of Article IV, Section 16, of the Missouri Constitution no order of the commission limiting such use of any state highway can take effect in less than ten (10) days after it has been filed in the office of the secretary of state. It was moved, seconded and unanimously carried that the following resolution be adopted by the State Highways and Transportation Commission of Missouri and filed immediately in the office of the secretary of state.]* **The chief engineer, or his or her designee, may close wholly or in part, or set a maximum vehicle weight limit on, any road within the state highway system as he or she finds necessary for the safety of the traveling public or for the purpose of, or related to, the construction or maintenance of the state roadway system. Any closure or maximum weight limit imposed on any state highway shall be subject to the posting of signs that shall be located along the highway in the chief engineer's sole discretion to give notice to the traveling public.**

[(2) Whereas the State Highways and Transportation Commission of Missouri has power under section 227.250 RSMo (1986), to close temporarily for the purpose of construction or repair any portion of a state highway to public use and to issue regulations controlling the use of state highways and all properties relating thereto; and, whereas, under sections 304.210, 304.230 and 304.240, RSMo (1986), whenever by reason of thawing of frost or rains or due to new construction the roads are in a soft condition, the maximum weights of motor vehicles may be limited by the State Highways and Transportation Commission of Missouri to such an amount and in such manner as will preserve the road under such conditions; it is made the duty of the sheriff of each county to see that such limitations are enforced; any peace officer or police officer of any county or city is empowered to arrest on sight or upon warrant any person violating the said limitations; and any such violation is made a misdemeanor; and whereas, under section 227.220, RSMo (1986), any person who shall willfully or negligently damage any state highway shall be liable for the amount of such damage, which may be recovered in the name of the state by the State Highways and Transportation Commission of Missouri; and whereas the destruction or damaging of any state highway bridge or roadway may cause incalculable and irreparable loss and damage to the traveling public, as well as great cost to the state and its taxpayers; and, whereas it is often impossible for the statutory two (2)-days' written notice to be served upon the members and this commission convened to limit weights on or close roads in time to save bridges, pavements and roadways which may from time-to-time be weakened or endangered by flood, weather, explosion, earthquake, accident or other cause.

(3) Now, therefore, the State Highways and Transportation Commission of Missouri declares its purpose to exercise fully such authority so conferred upon it to preserve the state highways and, in order to effectively carry out said purpose, orders that:

(A) The chief engineer of this commission shall hereafter do the following without further orders from the commission and without individual orders for each separate occasion to wit:

1. Close, wholly or in part, and during such time as s/he may find are necessary, any portion of any state highway to the use of vehicles of such types, sizes, weights, speeds and tires, proceeding in such directions and under such weather conditions, as well as to such other public use, as s/he may find necessary for the purpose of construction or repair of such portion of highway; and

2. Whenever by reason of thawing of frost, or rains or due to new construction s/he finds the roads are in a soft condition, s/he shall determine to what amount and in what manner the weights of motor vehicles must be limited in order to preserve any portion or all of the state highways under such conditions; and s/he shall give notice of all such limitations by posting notices at convenient and public places along such road, roads or parts thereof where such limitation of weights is found necessary.

(B) All such findings and acts of said chief engineer under this order shall for all intents and purposes be the findings and acts of this commission.

(C) The commission's chief counsel is authorized to file in this or any other state, prosecute and compromise, such civil suits as s/he may find necessary to obtain any lien and/or recover the amount of any injury which shall be caused to any portion of the state highways by any violation of law or by any negligence.]

AUTHORITY: sections 227.250 and 304.210, RSMo [1986] ***2016****. Original rule filed Feb. 17, 1950, effective Feb. 27, 1950. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500)

in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Highways and Transportation Commission, Pamela J. Harlan, Secretary to the Commission, 105 W. Capitol Avenue, PO Box 270, Jefferson City, MO 65102 or Pamela.Harlan@modot.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 13—Plant Collection from Right-of-Way

PROPOSED RESCISSION

7 CSR 10-13.010 Permit Specifications for Removal of Plants. This rule provided guidelines for issuing special permits covering the digging or removal of plants and plant parts from state highway system right of way established in sections 229.475 through 229.479, RSMo.

PURPOSE: This rule is being rescinded because plant collection activities may be addressed by issuance of a standard commission permit that is required to be obtained by persons and entities that want to work on Commission Right of Way, therefore this specific rule is not necessary.

AUTHORITY: sections 227.030 and 229.475–229.479, RSMo (1994). Original rule filed June 11, 1996, effective Dec. 30, 1996. Rescinded: Filed Feb. 9, 2018.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Highways and Transportation Commission. Pamela J. Harlan, Secretary to the Commission, 105 W. Capitol Avenue, PO Box 270, Jefferson City, MO 65102 or Pamela.Harlan@modot.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 16—Rest Areas

PROPOSED AMENDMENT

7 CSR 10-16.020 Definitions. The Missouri Highways and Transportation Commission is amending section (1) and subsections (1)(A) through (1)(I), deleting subsection (1)(D), and relettering as necessary.

PURPOSE: This amendment incorporates federal statutes consistent with section 536.031.4, RSMo, deletes an unnecessary definition for newsrack, updates the definitions for publication vending machine and publication vending machine bin, and deletes unnecessary restrictive wording.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Definitions. When used in administrative rules 7 CSR 10-16.020 through 7 CSR 10-16.050, *[the following]* **these** words and phrases have the **following** meaning *[set forth in this rule]*:

(A) "Commission" *[means]* **-** the Missouri Highways and Transportation Commission, and where appropriate, its authorized agents and representatives in the Missouri Department of Transportation;

(B) "Licensee" *[means the Association of Sheltered Workshop Managers, Inc., a not-for-profit Missouri organization, or]* **-** a *[successor]* public agency or private not-for-profit entity which contracts with the commission*[, if the Association of Sheltered Workshop Managers, Inc. should ever cease to be the licensee at its own election or at the election of the commission]*;

(C) "License fee" *[means]* **-** the fee charged by the commission's licensee to a publisher or the publisher's agent to lease *[publication vending machine]* space in a commission publication vending machine *[bin]*;

[(D) "Newsrack" means any self-service or coin-operated box, container, storage unit, or other dispenser owned, installed, used, and maintained by a publisher for the display, sale, and/or distribution of publications in a rest area;]

*[(E)]***(D)** "Publication" *[means]* **-** a newspaper, pamphlet, newsletter, or magazine printed and distributed to convey news and information or other matters of public interest, which may include advertisements;

*[(F)]***(E)** "Publication vending machine" or "machine" *[means the individual units owned and installed by the commission in the publication vending machine bin and in which only one (1) publication may be offered for sale;]* **- the device owned and installed by the commission, at its own discretion, at rest areas which is capable of holding one (1) or more publication vending machine bins;**

*[(G)]***(F)** "Publication vending machine bin" or "bin" *[means the device owned and installed by the commission, which is capable of holding up to four (4) publication vending machines and is placed at the rest areas in the sole discretion of the commission for the purpose of leasing space to a licensee or a publisher or its agent to sell publications;]* **– the individual units owned and installed by the commission for a publisher to distribute a single publication;**

*[(H)]***(G)** "Publisher" *[means]* **-** any person who has paid a license fee to the commission's licensee to lease *[publication vending machine space in commission-owned machines]* **a bin** to *[sell]* **distribute** its publication; and

*[(I)]***(H)** "Rest area" *[or "rest and recreation area" means]* **-** a commission roadside facility along a Missouri interstate highway with parking facilities for the rest, safety, or other needs of motorists. This term includes the facilities described in sections 226.750 through 226.790, RSMo, and in Title 23, *United States Code* section 111(b). **Title 23 U.S.C. section 111(b) is incorporated by reference into and made a part of this rule as published by the United States Superintendent of Documents, 732 N Capitol Street NW, Washington, D.C. 20402-0001, website: http://bookstore.gpo.gov**

on January 1, 2012. This rule does not incorporate any subsequent amendments or additions to the United States Code in 23 U.S.C. 111(b). This term *[shall]* also includes any **commission-designated welcome center** facility *[located in Missouri designated as a welcome center or tourist information center by the commission]*.

*AUTHORITY: section 29 of Art. IV, Mo. Const., sections 226.020, 226.150, 226.750–226.790, and 227.030, RSMo [2000] **2016**, Title 23, **United States Code** section 111(b), and Title 23, **Code of Federal Regulations** part 752. Emergency rule filed Jan. 19, 1996, effective Feb. 1, 1996, expired July 29, 1996. Original rule filed Jan. 16, 1996, effective July 30, 1996. Rescinded and readopted: Filed July 2, 2010, effective Feb. 28, 2011. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Highways and Transportation Commission. Pamela J. Harlan, Secretary to the Commission, 105 W. Capitol Avenue, PO Box 270, Jefferson City, MO 65102 or Pamela.Harlan@modot.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 16—Rest Areas

PROPOSED AMENDMENT

7 CSR 10-16.025 Public Information. The Missouri Highways and Transportation Commission is amending the purpose statement and sections (1) and (2), adding a new section (2), and renumbering section (2).

PURPOSE: This amendment updates the rule to be consistent with state laws that give the Rehabilitation Services for the Blind jurisdictional rights to regulate and administer vending on state property, clarifies the application of the rules if the Rehabilitation Services for the Blind declines to exercise its rights, and updates the point of contact and contact information to obtain information regarding the rule.

PURPOSE: This rule provides guidelines to interested persons regarding the placement and licensing of publication vending machine spaces on interstate highway rest areas for [sale or] distribution of publications to the public.

(1) *[Commission Jurisdiction. Rules 7 CSR 10-16.020 through 7 CSR 10-16.050 shall apply unless the state of Missouri through the Bureau of the Blind of the Division of Family Services decides to exercise its jurisdictional right to regulate and administer the vending of publications as provided in section 8.710, RSMo. Currently the commission has the authority to regulate and administer publication vending operations on rest areas because the Bureau of the Blind has declined to exercise regulation and administration over the vending of publications in such rest areas. However, the commission may not operate any commercial vending machines or other commercial facilities itself in rest and recreation areas, as provided in section 226.790, RSMo.]* **Section 8.710, RSMo, provides jurisdictional rights to regulate and administer vending on state of Missouri property through the Department of Social Services, Family Support Division, Rehabilitation Services for the Blind.**

(2) 7 CSR 10-16.020 through 7 CSR 10-16.050 apply if Rehabilitation Services for the Blind declines to exercise its right to regulate and administer vending of publications in rest areas. However, the commission itself may not operate any commercial vending machines or other commercial facilities in rest areas, as provided in section 226.790, RSMo.

*[(2)]***(3)** *[How to Obtain Information.]* Information regarding publications vending operations in machines on rest *[and recreation]* areas may be obtained in person, or by writing, or phoning the *[State Maintenance Engineer, Maintenance Division]* **General Services Director, General Services Division**, Missouri Department of Transportation, PO Box 270, *[105 W. Capitol Avenue,]* Jefferson City, MO 65102-0270. The phone number of the division *[engineer]* **director** is (573) 751-*[2785]***1650**.

*AUTHORITY: section 29 of Art. IV, Mo. Const., sections 226.020, 226.150, 226.750–226.790, and 227.030, RSMo [2000] **2016**, Title 23, **United States Code** section 111(b), and Title 23, **Code of Federal Regulations** part 752. Original rule filed July 2, 2010, effective Feb. 28, 2011. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Highways and Transportation Commission. Pamela J. Harlan, Secretary to the Commission, 105 W. Capitol Avenue, PO Box 270, Jefferson City, MO 65102 or Pamela.Harlan@modot.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 16—Rest Areas

PROPOSED AMENDMENT

7 CSR 10-16.035 Commission Responsibilities and Requirements. The Missouri Highways and Transportation Commission is amending the purpose statement, section (1), and subsections (2)(A) through (2)(E).

PURPOSE: This amendment clarifies the type of bins permitted in the rest areas and deletes unnecessary and restrictive wording.

PURPOSE: This rule provides the commission's responsibilities and requirements for the placement of publication vending machines on interstate highway rest areas for [sale or] distribution of publications to the public.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated

by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Location of Bins and Machines. In order to ensure the safety of patrons of rest areas, to protect the physical integrity of the rest area building and facilities, and to provide for the general aesthetics of the rest areas, *[no]* **only** publication vending machine**s** *[shall be]* **owned and** installed **by the commission are permitted** at a rest area *[except those machines owned and installed by the commission]*. *[At each rest area, t]***T**he commission *[shall provide one (1) publication vending machine bin which may hold up to four (4) individual machines to allow the vending of publications as provided in 7 CSR 10-16.020 through 7 CSR 10-16.050. The commission, in its sole discretion, shall locate and install the bins on the exterior of the rest area buildings and adjacent to the entrance and exit doors of the rest areas. The commission will provide additional bins and machines provided there are publishers that have made application under 7 CSR 10-16.045 to lease such additional machine spaces. No machine shall dispense more than one (1) publication.]***, in its sole discretion as provided in 7 CSR 10-16.020 through 7 CSR 10-16.050, will provide and install publication vending machines in easily accessible locations on the exterior near doors of the rest area buildings. Only one (1) publication will be dispensed in each bin.**

(2) Procedures for Noncompliance with Rules.

(A) *[Prohibitions. A publisher shall not—]* **Noncompliance. The following are identified as a publisher's noncompliance with these rules:**

1. *[Install its own newsrack(s)]* **Installation of noncommission equipment for purpose of publication distribution**;

2. Fail**ure** to pay required license fee(s);

3. Damage **to** commission bin(s) and/or machine(s); or

4. Fail**ure** to pay the cost of the commission's remedial action(s).

(B) Notice of Violation and Commission Remedial Action. The commission *[shall]***, in its sole discretion as provided in 7 CSR 10-16.020 through 7 CSR 10-16.050, may** take any remedial action *[it deems]* **deemed** necessary and appropriate to address the publisher's noncompliance *[with 7 CSR 10-16.020 through 7 CSR 10-16.050]*. Such remedial action *[shall include, but]* is not limited to*[,]* the following:

1. Seizure **and removal** of the publisher's *[newsracks]* **noncommission equipment and storage of such equipment at a site determined in the commission's sole discretion**;

2. Revocation of the publisher's authority to participate in the publication vending machine program, removal of all the publisher's publications in any commission machines, and prevention of such publisher from future use of commission machines; and/or

3. Repair of the damaged commission bin(s) and/or machine(s).

(C) Timing and Costs of Remedial Action. The commission may take such remedial action(s) immediately and without prior approval of the publisher. The **publisher is responsible to pay all** costs of *[any]* remedial actions taken by the commission under 7 CSR 10-16.035(2)(B) *[shall be paid by the publisher]*.

(D) Notice of Remedial Action. After the commission takes any remedial action(s) authorized by 7 CSR *[10-16.030(2)(B)]* **10-16.035(2)(B)**, the commission shall **provide written notice to the publisher, either by certified U.S. mail or by electronic mail** within ten (10) days *[send written notice to the publisher, either by certified U.S. mail or by electronic mail, stating]***. The written notice will include** the alleged violation, the remedial action(s) taken by the commission, and the action(s) the publisher is required to take*[, including, but not limited to 1) retrieving the noncompliant publisher newsracks and 2) payment of all delinquent license fees and payment of all costs incurred by the commission to carry out the remedial action(s). If the commission is unable to determine the mailing address or electronic mail address of the publisher, it shall make]***. The commission will make** reasonable effort to locate either the mailing address or the electronic address of the publisher in order to send the written notice. In the event the mailing address or electronic mail address cannot be determined in the ten (10) days, *[notice shall be satisfied by]* the commission **will** post*[ing]* a written notice consistent with this 7 CSR *[10-16.030(2)(D)]* **10-16.035(2)(D)** in a conspicuous place located at the rest area and on the Missouri Department of Transportation website.

(E) Opportunity for Informal Hearing. If the publisher disagrees with the allegation(s) of noncompliance and the remedial action(s) taken as set forth in the commission's written notice, the publisher *[shall have thirty (30) days from the date on the notice to]* **may** request an informal hearing before the department's *[State Maintenance Engineer]* **General Services Director**, or the *[State Maintenance Engineer's]* **General Services Director's** designee**, no later than thirty (30) days from the date on the notice**. Such request for an informal hearing shall be addressed to the Commission Secretary, PO Box 270, Jefferson City, MO 65102. *[Such informal hearing shall be conducted at a date, time, and location as determined by t]***T**he department's *[State Maintenance Engineer]* **General Services Director**, or the *[State Maintenance Engineer's]* **General Services Director's** designee**, determines the date, time, and location of the informal hearing**. A publisher's failure to request a hearing within the time allowed under this 7 CSR 10-16.035(2)(E), or a publisher's failure to appear at the hearing, will result in the publisher's forfeiture of the opportunity for the informal hearing.

*AUTHORITY: section 29 of Art. IV, Mo. Const., sections 226.020, 226.150, 226.750–226.790, and 227.030, RSMo [2000] **2016**, Title 23, **United States Code** section 111(b), and Title 23, **Code of Federal Regulations** part 752. Original rule filed July 2, 2010, effective Feb. 28, 2011. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Highways and Transportation Commission. Pamela J. Harlan, Secretary to the Commission, 105 W. Capitol Avenue, PO Box 270, Jefferson City, MO 65102 or Pamela.Harlan@modot.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 16—Rest Areas

PROPOSED AMENDMENT

7 CSR 10-16.045 Licensee Responsibilities and Requirements. The Missouri Highways and Transportation Commission is amending the purpose statement and sections (1) through (4).

PURPOSE: This amendment clarifies the responsibilities of the licensee, expands on the purpose of the license fees, and deletes unnecessary restrictive wording.

PURPOSE: This rule provides the licensee's responsibilities and requirements for the placement of publication vending machines on interstate highway rest areas for [sale or] distribution of publications to the public.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Commission Licensee. The commission may grant *[to a licensee]* an exclusive license to *[authorize publishers to lease machine space. This licensee shall regulate and administer all machines at all Missouri rest and recreation areas in accordance with 1) a contract between the commission and the licensee and 2) 7 CSR 10-16.020 through 7 CSR 10-16.050,]* **a licensee to regulate and administer all machines at all Missouri rest areas. Regulation will be in accordance with: 1) a contract between the commission and the licensee; and 2) 7 CSR 10-16.020 through 7 CSR 10-16.050. The licensee may** either *[by operating]* **operate** the machines itself or *[by executing]* **execute** sub-licensing agreements with the publisher or the publisher's agent *[which]* **with** such sub-licensing agreement *[shall become]* effective upon execution by both parties. However, that license between the commission and the licensee *[shall be terminated]* **terminates** effective with the date *[that]* the *[Bureau of]* **Rehabilitation Services for** the Blind assumes regulation and jurisdiction of machines in rest areas, and upon the effective date of that occurrence all sub-licensing agreements between the licensee and a publisher or its agent *[shall be terminated]* **terminate**.

(2) *[Machine Space]* **Bin** Rental. The licensee may lease *[machine spaces within the]* bins to such publishers or such publishers' agents *[and such spaces shall be available]* only on a first-come, first-served basis. The licensee may maintain a waiting list for interested publishers *[for whom space in the existing]* **if a** bin is not available.

(3) License Fees Authorized. *[The licensee shall collect a]* **Payment of a** license fee *[of]* **to the licensee is a legal condition precedent before a publication may be vended in a rest area bin. The** twelve dollars ($12) per year **license fee is due** from each publisher or its agent for each *[machine space in a rest area]* **bin** to cover the administrative and maintenance costs the licensee, or its affiliated organization or agent, *[shall]* sustain**s** due to the operation of the machine and the debris the machine will generate. *[Payment of this license fee to the licensee is a legal condition precedent before a publication may be vended in a rest area machine.]*

(4) Publication Display Requirements. The visible contents of the publication as displayed in the machine shall not be offensive to members of the general public. The licensee, through its authorized representatives, retains final approval of the manner in which a publication is ultimately displayed for *[sale or]* distribution in a machine in a rest area.

*AUTHORITY: section 29 of Art. IV, Mo. Const., sections 226.020, 226.150, 226.750–226.790, and 227.030, RSMo [2000] **2016**, Title 23, **United States Code** section 111(b), and Title 23, **Code of Federal Regulations** part 752. Original rule filed July 2, 2010, effective Feb. 28, 2011. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Highways and Transportation Commission. Pamela J. Harlan, Secretary to the Commission, 105 W. Capitol Avenue, PO Box 270, Jefferson City, MO 65102 or Pamela.Harlan@modot.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 16—Rest Areas

PROPOSED AMENDMENT

7 CSR 10-16.050 Publisher Responsibilities and Requirements. The Missouri Highways and Transportation Commission is amending the purpose statement and sections (1) through (8), deleting sections (2) and (9), and renumbering sections (3) through (7).

PURPOSE: This amendment clarifies only bins and machines owned by the commission may be installed at rest areas, deletes the unnecessary language regarding coin mechanisms, clarifies the terms of the agreement, expands on the publisher's responsibilities, deletes redundant language regarding a publisher's liability for damage caused to commission bins and machines, and deletes unnecessary restrictive wording.

*PURPOSE: This rule provides the publisher's responsibilities and requirements for the [sale] **distribution** of publications in publication vending machines in interstate highway rest areas.*

(1) *[Newsrack Prohibition]* **Publication Vending Machines**. *[No bin or machine shall be installed at a rest area except the]* **Only** bins and machines owned and provided by the commission **may be installed at a rest area**. *[If any newsrack is installed at a rest area by a publisher or its agent, such newsrack shall be removed from the rest area and stored by the commission, and all removal and storage costs incurred by the commission shall be borne by the licensee, or the publisher, or its agent.]*

[(2) Coin Mechanism. The coin mechanism for a machine is the responsibility of the licensee, or the publisher or agent who rents the machine space from the licensee.]

*[(3)]***(2)** Duration of Rental Agreement. Each agreement between a licensee and a publisher or the publisher's agent authorizing the rental of one (1) or more *[machine spaces]* **bins** may be for no less than (1) year in duration. Occupants of any rental space will be evicted from the rental space thirty (30) days after the expiration of the rental agreement unless renewed by agreement prior to the end of the thirty (30) days. *[Any renewal leases of machine space shall have]* **To renew the lease of machine space,** all license fees **are required to be** paid in full to the licensee *[by the publisher or its agent from the date of the start of the renewal period].*

Failure to pay *[all license fees shall result in the cancellation of]* the license **fee in full results in cancellation of the license** and assignment of the machine space to the next party on the licensee's waiting list *[pursuant to a validly executed agreement]*.

*[(4)]***(3)** Termination of Sub-licensing Agreement. Both the licensee and the publisher or its agent *[shall have the right to]* **may** terminate their sub-licensing agreement, provided no less than thirty (30)-days written notice is given. Upon termination of the sub-licensing agreement, the licensee shall refund *[to the publisher the portion of the license fee covering the entire term of the agreement paid in advance by the publisher that is equal to one-twelfth (1/12) of the annual license fee]* **the pro-rata share of the annual license fee** for any remaining unused months of the term of the agreement.

*[(5)]***(4)** Publisher Responsible for Damages to Bins and Machines. The **commission is responsible for the** total cost to purchase, install, and improve a bin or machine *[shall be borne by the commission]*. *[The licensee, or the publisher or its agent, shall bear the costs of installing, maintaining, and removing the coin mechanism. The publisher or its agent shall provide the licensee with the key or other device that allows for the removal of the coin mechanism.]* The publisher shall**:**

(A) *[b]***B**e responsible for any damage caused by it or its agents to the **commission** bin(s) or machine(s) **and the contents thereof;** and *[shall]*

(B) *[r]***R**eimburse the commission any costs incurred by the commission in repairing the damage, including the cost of replacement of the bin(s) or machine(s), as determined in the commission's sole discretion.

*[(6)]***(5)** Restocking of Publications. **Stocking the bins at all rest areas with the current edition of a publication at least as often as the publication is published, weekend or special editions excluded, is the responsibility of** *[E]***e**ach licensee, or a publisher or its agent*[, shall restock the machines at all rest areas with the current edition of a publication at least as often as the publication is published, weekend or special editions excluded]*. The licensee, or a publisher or its agent, *[shall]* **is** also *[remove]* **responsible for removal of** any outdated issue**s** of such publication from within each *[machine]* **bin** and *[remove]* all debris *[which is not properly placed in rest area trash containers]* from the rest area grounds.

*[(7)]***(6)** No Advertisements on Machines. *[Commission]* **No advertisements are to be displayed on commission** bins and machines *[shall have no advertisement displayed]*.

*[(8)]***(7)** Notice Requirements. *[On a prominent place on each machine, the licensee, or a publisher or its agent, shall affix and display]* **It is the responsibility of the licensee, and if applicable to a publisher, based on information supplied by the publisher or its agent, to display** the following notice, "For Information Regarding Any Problems With Your Use of This Machine Call ____-____-____, or write _____." *[The notice shall provide]* **in a prominent place on each bin with** the appropriate telephone number (with area code) and the mailing address of a contact person or agent for the licensee, or a publisher or its agent*[, for refund requests or other vending problems. Such notice shall be created by the licensee, and if applicable to a publisher, shall be based on information supplied by the publisher or its agent]*.

[(9) Publisher Liability. Each publisher and its agents shall be liable for damage sustained to the commission's bins, machines, and the contents thereof that is caused by the publisher or its agents.]

*AUTHORITY: section 29 of Art. IV, Mo. Const., sections 226.020, 226.150, 226.750–226.790, and 227.030, RSMo [2000] **2016**, Title 23, **United States Code** section 111(b), and Title 23, **Code of Federal Regulations** part 752. Original rule filed July 2, 2010, effective Feb. 28, 2011. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Highways and Transportation Commission. Pamela J. Harlan, Secretary to the Commission, 105 W. Capitol Avenue, PO Box 270, Jefferson City, MO 65102 or Pamela.Harlan@modot.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 100—Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter 2—Definitions

PROPOSED AMENDMENT

10 CSR 100-2.010 Definitions. The board is deleting section (1), adding new sections (8), (19), (23), amending sections (12) and (13), and renumbering as necessary.

PURPOSE: Instead of incorporating by reference numerous definitions of terms that are not used in the board's rules, this amendment adds explicit definitions for three (3) terms used in the board's rules, corrects one definition, and amends one definition to reflect a statutory change.

[(1) Unless defined otherwise, the definitions provided in 10 CSR 26-2.012 shall apply.]

*[(2)]***(1)** "Aboveground storage tank" means any one (1) or a combination of tanks, including pipes connected thereto, used to contain an accumulation of petroleum and the volume of which, including the volume of the aboveground pipes connected thereto, is ninety percent (90%) or more above the surface of the ground, and is utilized for the sale of products regulated by Chapter 414, RSMo. It does not include:

(A) A farm or residential tank of one thousand one hundred (1,100) gallons or less used for storing motor fuel for noncommercial purposes;

(B) Tanks used for storing heating oil for consumptive use on the premises where stored;

(C) Septic tanks;

(D) Pipeline facilities, including gathering lines, regulated under—

1. The federal Natural Gas Pipeline Safety Act of 1968 (P.L. 90-481), as amended; or

2. The federal Hazardous Liquid Pipeline Act of 1979 (P.L. 96-129), as amended;

(E) Pipeline facilities regulated under state laws comparable to the provisions of law referred to in subsection (D) of this section;

(F) Surface impoundments, pits, ponds, or lagoons;

(G) Storm water or waste water collection systems;

(H) Flow-through process tanks;

(I) Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

(J) Storage tanks situated in an underground area, such as a basement, cellar, mineworking, drift, shaft, or tunnel, if the storage tank is situated upon or above the surface of the floor; and

(K) Transformers, circuit breakers, or other electrical equipment.

*[(3)]***(2)** "Airline company" means any person, firm, partnership, corporation, trustee, receiver or assignee, and all other persons, whether or not in a representative capacity, undertaking to engage in the carriage of persons or cargo for hire by commercial aircraft pursuant to certificates of convenience and necessity issued by the federal Civil Aeronautics Board, or successor thereof, or any noncertificated air carrier authorized to engage in irregular and infrequent air transportation by the federal Civil Aeronautics Board, or successor thereof.

*[(4)]***(3)** "Annual aggregate" means the dollar amount of all benefits available to a fund participant for the period of time stated on the declarations page of each participation agreement issued by the board, regardless of how many separate occurrences, releases**,** or third party claims may occur during this same period. State law establishes the annual aggregate at two (2) million dollars.

*[(5)]***(4)** "Board" means the board of trustees of the Petroleum Storage Tank Insurance Fund, or its employee, designated agent, or representative.

*[(6)]***(5)** "Bodily injury" means physical injury, sickness, disease or damage to the body sustained by a person, including death resulting from any of these at any time. It does not include any loss or damage of an intangible nature, such as pain and suffering, mental distress, or loss of use of any benefit. Nor does it mean personal injury.

*[(7)]***(6)** "Claim" means a written demand for money or services, including the service of a lawsuit, which is filed and adjudicated in a manner consistent with Missouri law.

*[(8)]***(7)** "Cleanup" consists of all actions necessary to investigate, contain, control, analyze, assess, treat, remediate**,** or mitigate the risks of a petroleum release to achieve risk-based standards established by the Department of Natural Resources.

(8) "Contaminated" or "Contamination" means one (1) or more petroleum chemicals of concern in soil, surface water, or ground water exceed risk-based standards established by the Missouri Department of Natural Resources.

(12) "Fund beneficiary" means any person who takes responsibility for cleanup of *[property where]* **one (1) or more releases from** tanks *[previously were in use, but were]* taken out of use prior to December 31, 1997, and who qualifies to receive monies from the Petroleum Storage Tank Insurance Fund under section 319.131.9 or 319.131.10, RSMo.

(13) "Fund participant" means an owner or operator of a tank who has applied for and been accepted by the board as a person for whom the Petroleum Storage Tank Insurance Fund is serving as *[the]* **a** financial responsibility mechanism *[required by]* **under** section 319.114, RSMo, or *[for whom the Petroleum Storage Tank Insurance Fund is providing insurance coverage for releases from aboveground storage tanks]* **section 414.036, RSMo**; or the owner of land upon which such a tank is located, if such person is named as an additional insured; or any other person named as an additional insured by the board.

(19) "Petroleum storage tank" or "Tank" means:

(A) An underground storage tank, as defined in section 319.100, RSMo, which is used to store petroleum; or

(B) An aboveground storage tank, as defined in this rule.

*[(19)]***(20)** "Pipeline terminal" means a large storage facility which receives product via pipeline.

*[(20)]***(21)** "Property damage" means physical injury to or destruction of tangible property, excluding all resulting loss of use of that property. It does not include loss or damage of an intangible nature. Loss or damage of an intangible nature includes, but is not limited to, loss or interruption of business, pain and suffering, lost income, mental distress, loss of use of any benefit, and punitive damages.

*[(21)]***(22)** "Railroad corporation" means all corporations, companies or individuals now owning or operating, or which may hereafter own or operate, any railroad in this state.

(23) "Release" includes, but is not limited to, any spilling, leaking, emitting, discharging, escaping, leaching, or disposing from a petroleum storage tank into groundwater, surface water, or subsurface soils.

*[(22)]***(24)** "Site" means real property held under one (1) deed, except that in exceptional circumstances involving very large tracts of land, the board may, at its discretion, recognize separate portions of a large tract as separate tank sites.

*[(23)]***(25)** "Tank" means—

(A) An underground storage tank, as defined in section 319.100, RSMo, which is used to store petroleum; or

(B) An aboveground storage tank, as defined in this rule.

*AUTHORITY: section 319.129, RSMo [Supp. 2012] **2016**. Original rule filed April 1, 1999, effective Nov. 30, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 15, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Petroleum Storage Tank Insurance Fund Board of Trustees, Carol Eighmey, Executive Director, PO Box 836, Jefferson City, MO 65102, by fax at (573) 522-2354, or via email to pstif@sprintmail.com. To be considered, comments must be received by April 20, 2018. No public hearing is scheduled.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 100—Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter 4—Participation Requirements

PROPOSED AMENDMENT

10 CSR 100-4.010 Participation Requirements for Underground Storage Tanks. The board is amending sections (2)–(7) of this rule.

PURPOSE: This amendment clarifies procedures for UST owners and operators who wish to apply for pollution liability insurance coverage, reduces paperwork required to obtain coverage for new USTs, reduces paperwork required to renew coverage, allows the board more flexibility to further reduce its paperwork requirements in the future, eliminates the option of paying participation fees semi-annually, and increases the participation fee for owners and operators whose tanks are forty (40) years old or older.

(2) Any owner or operator who wishes to participate in the fund shall so indicate by applying for coverage on a form specified by the board. An application shall—

(A) Include a certification that the petroleum tanks meet or exceed and are in compliance with all technical standards established by *[the U.S. Environmental Protection Agency and rules established by]* the Missouri Department of Natural Resources and the Missouri Department of Agriculture;

(C) Include information on all tanks known to exist at the site, including aboveground storage tanks and underground storage tanks which contain a hazardous substance, or which are out of use *[or permanently closed in place]*;

(D) Include documentation as required by the board to demonstrate that the applicant has a reasonable assurance of the integrity of all USTs on the site which are in use. This documentation shall include:

1. *[Six (6)]* **At least two (2) current** months' leak detection records, except in the following cases:

A. For *[new UST systems, or for]* USTs **installed before July 1, 2017,** or compartments **of such tanks, which are** being put into use for the first time, one (1) current month's leak detection record from an automatic tank gauge, interstitial monitoring, statistical inventory reconciliation, or daily inventory reconciliation shall be provided; or current tank and line tightness tests shall be provided;

B. For UST systems being put back into use after being out of use, current tank and line tightness tests shall be provided; and

C. For operating UST systems being purchased by a new owner, current tank and line tightness tests shall be provided if *[six (6)]* **at least two (2) current** months' leak detection records are not available from the prior owner;

2. Evidence that pressurized lines are equipped with line leak detectors which are in working order, unless the entire UST system is a double-wall system and monitoring devices are adequate to detect a leak;

3. Evidence that the cathodic protection system, if any, is functioning properly;

4. Evidence that the tank lining, if any, has been properly installed and inspected according to accepted industry practices;

5. Evidence that the UST is equipped with corrosion protection and spill/overfill prevention devices, as required in 10 CSR 26-2;

6. Line and/or tank tightness tests, as required in 10 CSR 26-2; and

7. Any other documentation as may reasonably be required by the board; *[and]*

(E) Include documentation as required by the board demonstrating that the applicant has the ability to pay the first ten thousand dollars ($10,000) in the event he or she makes a claim for benefits from the fund.

1. For non-public entities, such documentation shall include:

A. A letter of credit for this amount from a federally-insured financial institution in the favor of the Petroleum Storage Tank Insurance Fund;

B. One (1) or more certificates of deposit which total this amount. The applicant shall submit documentation from the custodian of such certificates that assures the board of their existence and preservation for the purposes described herein;

C. Financial statements indicating that the net worth of the applicant is at least one hundred thousand dollars ($100,000), or that the applicant has at least fifty thousand dollars ($50,000) working capital;

D. A written guarantee from another person or entity demonstrating the ability to pay this amount in a manner outlined in this rule. The provider of the guarantee shall disclose the relationship between that person or entity and the applicant;

E. A letter signed by an officer of a federally-insured financial institution attesting to the ability of the applicant to pay this amount; or

F. Any other method determined by the board to be reasonable and sufficient.

2. For public entities, documentation requirements are as follows:

A. Cities with a population greater than three thousand (3,000), none;

B. Cities with a population of three thousand (3,000) or less, a copy of the most recent annual audit of the city's finances, or a current set of financial statements;

C. First class or second class counties, or charter counties, none;

D. Third class counties, a copy of the most recent annual audit of the county's finances, or a current set of financial statements; or

E. Schools, sewer districts, fire districts, and other similar entities, a copy of current financial statements*[.]***; and**

(F) Applicants must apply for coverage on all tanks in use at a site or the board will not insure any of the tanks. The only exceptions are aboveground tanks not required by the Department of Agriculture to have financial responsibility.

(3) Procedures Regarding Payment of Fees.

(A) Participation fees shall be paid by all applicants, as follows:

1. *[Double-wall or secondary containment tank and piping systems that meet the requirements of 10 CSR 26-2.020 (includes UST systems that have secondary containment of the tank and piping) shall be assessed]* **For double-walled USTs less than forty (40) years old –** one hundred dollars ($100) per tank annually; *[and]*

2. *[All]* **For** other USTs *[shall be assessed]* **less than forty (40) years old –** one hundred twenty-five dollars ($125) **per tank** annually*[.]***; and**

3. For USTs that are forty (40) years old or older – two hundred dollars ($200) per tank annually.

[(E) Any fund participant who owns fifty (50) or more petroleum storage tanks may pay participation fees in semi-annual installments.]

(4) The board shall review applications within thirty (30) days of receipt and shall respond to such applications in writing with a notice of acceptance, a request for clarification or information, or a rejection of the application.

(A) If the response is a notice of acceptance, it shall include the *[effective date and period of coverage]* **items specified in section (5) of this rule**.

(5) Upon determination that an applicant has met the requirements for participation in the fund, the board shall issue a *[document]* **declarations page and participation agreement** to the applicant *[confirming that fact, and],* specifying the effective date of coverage and other terms and conditions of such coverage as the board may deem appropriate.

(B) The *[document]* **declarations page and participation agreement** shall confirm *[that the fund is providing]* coverage for risks associated with sudden or non-sudden accidental releases arising from the operation of USTs, including costs of cleaning up such releases, third-party property damage, and third-party bodily injury, subject to the limits specified in sections 319.129 through 319.131, RSMo. These benefits are subject to the following limits:

1. A per occurrence limit of one (1) million dollars;

2. An annual aggregate limit of two (2) million dollars; and

3. A deductible of ten thousand dollars ($10,000) per occurrence.

(C) The *[document]* **declarations page** shall *[include a cover page which identifies]* **specify** the person or persons being insured by the fund, the name and location of the business or operation where the USTs are located, and the specific USTs which are covered. *[A separate participation document shall be issued for*

each site.]

(6) In order to continue their participation in the fund, participants are required to renew their participation annually.

(B) Participants shall submit such information as may be required by the board*[, including information specified in section (2) of this rule,]* prior to the end of their coverage period.

[(C)] Any participant who fails to do so shall receive a notice from the board, giving the participant sixty (60) days to submit such information in order to continue participation in the fund. At the end of the sixty (60) days, if the participant has failed to submit the required information, coverage may be cancelled.

(C) Applicants must apply to renew their coverage on all tanks in use at a site or the board will not insure any of the tanks. The only exceptions are aboveground tanks not required by the Department of Agriculture to have financial responsibility.

(D) Upon determination that the participant has met the requirements for continued participation in the fund, the board shall issue a *[document]* **new declarations page** confirming that fact*[,]* and specifying the effective date**(s)** of coverage *[and]***.** *[o]***O**ther terms and conditions of such coverage *[as the board may deem appropriate]* **contained in the participation agreement previously issued for that site shall remain in effect for the new coverage period**.

(F) If at the end of a policy period, all of the previously-insured USTs have been taken out of use, the owner/operator of the tank(s) shall no longer be insured for costs resulting from sudden or non-sudden releases, since there cannot be a release from an empty tank. Instead, the owner or operator may apply for an extended reporting period. The extended reporting period allows named persons to give notice of claim for a release which occurred while the previously-insured tank(s) was/were in use, but which is not yet known.

1. Participation fees for the extended reporting period shall be paid at the same rates as specified in subsection (3)(A) above.

2. Terms and conditions of coverage shall be contained in *[documents]* **an endorsement to the participation agreement** issued by the board to the fund participant**(s)**.

3. The extended reporting period shall consist of one- (1-) year increments. It shall not last for more than five (5) years after it first commences, and in no case beyond the sunset date of the fund established by the Missouri General Assembly.

4. The board reserves the right to grant extended reporting periods at its sole discretion.

(7) The following procedures shall be followed when there is a change of ownership, change of operator, *[or]* change of landowner**, or a new tank is installed**:

(A) If*[, during the period of coverage as specified by the board,]* the owner**ship** of a UST changes **during the period of coverage**, coverage shall cease *[and the former owner shall be given]* **on the date ownership changes. At its sole discretion, the board may offer the former owner an** opportunity to purchase an extended reporting period, as described in subsection (6)(F) of this rule;

(B) If, during the period of coverage as specified by the board, the operator of the UST changes, the owner shall notify the board in writing of the change and the effective date of such change. The board shall *[acknowledge the change in writing]* **issue an endorsement to the participation agreement** which shall include *[notice of]* the effective date of termination of participation by the previous operator; *[and]*

(C) If, during the period of coverage as specified by the board, the owner of the real estate on which the tank(s) is located changes, the fund participant shall notify the board **in writing** of the change *[at the time the participant renews coverage.]* **and the effective date of such change. The board shall issue an endorsement to the participation agreement which shall include the effective date of termination of participation by the previous landowner; and**

(D) If, during the period of coverage as specified by the board, a fund participant installs one (1) or more additional tanks at an insured site and desires coverage for the new tank(s), the fund participant must notify the board, provide such information as the board may require to demonstrate the integrity of the new tank(s), and pay the new tank fee(s) and a pro-rata portion of the annual fee(s) assessed in section (3) of this rule.

*AUTHORITY: sections 319.129, 319.131, and 319.133, RSMo [Supp. 2012] **2016**. Original rule filed April 1, 1999, effective Nov. 30, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 15, 2018.*

PUBLIC COST: The proposed amendment is estimated to cost the Petroleum Storage Tank Insurance Fund Board of Trustees six thousand dollars ($6,000) in one- (1-) time costs to modify its software.

PRIVATE COST: The proposed amendment is estimated to cost private entities fifty-one thousand nine hundred seventy-five dollars ($51,975) in the first year for increased participation fees to insure underground tanks that are forty (40) years old or older and to insure tanks in use at PSTIF-insured sites but not currently insured by the PSTIF. It is anticipated some of these owners will remove and/or replace their old tanks in future years, thereby reducing their participation fees; however, other currently-insured tanks will age and will be affected by the fee increase in future years, so the board assumes similar annual costs would be incurred by its insureds for the next few years.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Petroleum Storage Tank Insurance Fund Board of Trustees, Carol Eighmey, Executive Director, PO Box 836, Jefferson City, MO 65102, by fax at (573) 522-2354, or via email to pstif@sprintmail.com. To be considered, comments must be received by April 20, 2018. No public hearing is scheduled.

FISCAL NOTE
PUBLIC COST

I. **Department Title:** Department of Natural Resources
Division Title: Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter Title: Participation Requirements

Rule Number and Name:	10 CSR 100-4.010 UST Participation Requirements
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Petroleum Storage Tank Insurance Fund Board of Trustees	$6,000

III. WORKSHEET

Costs are onetime expenses to modify PSTIF Board of Trustees' software: $5,000 to change participation fee for insured USTs 40+ years old, plus $1,000 to program software for endorsement when new tank is added to participation agreement.

IV. ASSUMPTIONS

IT contractor has committed to make these programming changes for these not-to-exceed costs.

FISCAL NOTE
PRIVATE COST

I. Department Title: Department of Natural Resources
Division Title: Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter Title: Participation Requirements

Rule Number and Title:	10 CSR 100-4.010 UST Participation Requirements
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
250 owners of 677 PSTIF-insured USTs 40+ years old	Fuel storage locations	$50,775 in additional participation fees
3 owners of insured sites where a tank is in use and not currently insured with PSTIF	Fuel storage locations	$1,200

III. WORKSHEET

A. Currently, the PSTIF Board of Trustees insures 677 USTs that are 40+ years old. The proposed fee would increase the annual cost of participation by $75:

677 USTs x $75 = $50,775

On average, UST sites insured by the PSTIF Board have 2.71 tanks per site; this ratio was used to estimate the number of sites affected:

677 USTs ÷ 2.71 tanks/site = 250 sites

B. A maximum of three site owners would be required to insure up to 3 additional tanks with PSTIF:

3 sites x $400 = $1200

IV. ASSUMPTIONS

A. Some entities may own more than one site with tanks 40+ years old, but for this fiscal note it was assumed the 250 sites are all owned by different persons.

Some of the 677 USTs are empty and will be removed in the next year; this will reduce the number of tanks affected by the higher fee. But with each passing year, additional insured tanks will "age" to 40; their owners would then also be subject to the higher fee. It is assumed that, over time, this will provide an incentive for removal and/or replacement of these high-risk tanks, ultimately reducing the number of owners paying this higher fee. However, to be conservative, it is assumed an equivalent number of tanks and owners would be paying the increased fee each year for the near term.

B. No more than three PSTIF-insured UST sites are known to have one or more tanks in use that are not currently insured with the PSTIF; the only known instances are sites with insured USTs where ASTs are also in use and are not PSTIF-insured. This rule amendment would require those owners to insure their additional tank(s) when their PSTIF participation agreement renews in the next twelve months. On average, it is assumed the additional participation fees required to insure the ASTs at each of these three sites, plus the owner's time to prepare and submit the paperwork, would be $400 per year.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 100—Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter 4—Participation Requirements

PROPOSED AMENDMENT

10 CSR 100-4.020 Participation Requirements for Aboveground Storage Tanks. The board is amending sections (2)–(7) of this rule.

PURPOSE: The purpose of the amendment is clarify procedures for AST owners and operators who wish to apply for pollution liability insurance coverage, eliminate the option of paying participation fees semi-annually, make language regarding extended reporting period endorsements consistent with the rule for UST owners/operators, and allow the board flexibility to reduce paperwork in the future.

(2) Any owner or operator who wishes to participate in the fund shall so indicate by applying for coverage on a form specified by the board. An application shall—

(D) Include documentation as required by the board to demonstrate that the applicant has a reasonable assurance of the integrity of all ASTs on the site which are in use or temporarily out of use. This documentation shall include:

1. A demonstration, performed within the previous twelve (12) months, that any piping which is connected to or part of the aboveground storage tank(s) for which coverage is being sought is liquid tight; and

2. Other documentation as may reasonably be required by the board; *[and]*

(E) Include documentation as required by the board in order to demonstrate that the applicant has the ability to pay the first ten thousand dollars ($10,000) in the event he or she makes a claim for benefits from the fund. Such documentation shall include:

1. A letter of credit for this amount from a federally-insured financial institution in the favor of the Petroleum Storage Tank Insurance Fund;

2. One (1) or more certificates of deposit which total this amount. The applicant shall submit documentation from the custodian of such certificates that assures the board of their existence and preservation for the purposes described herein;

3. Financial statements indicating that the net worth of the applicant is at least one hundred thousand dollars ($100,000), or that the applicant has at least fifty thousand dollars ($50,000) working capital;

4. A written guarantee from another person or entity demonstrating the ability to pay this amount in a manner outlined in this rule. The provider of the guarantee shall disclose the relationship between that person or entity and the applicant;

5. A letter signed by an officer of a federally-insured financial institution attesting to the ability of the applicant to pay this amount; or

6. Any other method determined by the board to be reasonable and sufficient*[.]***; and**

(F) Applicants must apply for coverage on all tanks in use at a site or the board will not insure any of the tanks. The only exceptions are aboveground tanks not required by the Department of Agriculture to have financial responsibility.

(3) Procedures Regarding Payment of Fees.

(A) Participation fees shall be paid by all applicants, as follows:

1. **For** *[T]***t**anks less than twenty-five thousand (25,000) gallons *[shall be assessed]* **-** one hundred dollars ($100) **per tank annually**; and

2. **For** *[T]***t**anks *[of]* twenty-five thousand (25,000) gallons or larger *[shall be assessed]* **-** two hundred dollars ($200) **per tank annually**.

[(E) Any fund participant who owns fifty (50) or more petroleum storage tanks may pay participation fees in semi-annual installments.]

(4) The board shall review applications within thirty (30) days of receipt and shall respond to such applications in writing with a notice of acceptance, a request for clarification or information, or a rejection of the application.

(A) If the response is a notice of acceptance, it shall include the *[effective date and period of coverage]* **items specified in section (5) of this rule**.

(5) Upon determination that an applicant has met the requirements for participation in the fund, the board shall issue a *[document]* **declarations page and participation agreement** to the applicant *[confirming that fact and]***,** specifying the effective date of coverage and other terms and conditions of such coverage as the board may deem appropriate.

(B) The *[document]* **declarations page and participation agreement** shall confirm *[that the fund is providing financial protection]* **coverage** for risks associated with sudden or non-sudden accidental releases arising from the operation of ASTs, including costs of cleaning up such releases, third-party property damage, and third-party bodily injury, subject to the limits specified in sections 319.129 through 319.131, RSMo. These benefits are subject to the following limits:

1. A per occurrence limit of one (1) million dollars;

2. An annual aggregate limit of two (2) million dollars; and

3. A deductible of ten thousand dollars ($10,000) per occurrence.

(C) The *[document]* **declarations page** shall *[include a cover page which identifies]* **specify** the person or persons being insured by the fund, the name and location of the business or operation where the tanks are located, and the specific tanks which are covered. *[A separate participation document] shall be issued for each site.]*

(6) In order to continue participation in the fund, participants are required to renew their participation annually.

(D) Applicants must apply to renew their coverage on all tanks in use at a site or the board will not insure any of the tanks. The only exceptions are aboveground tanks not required by the Department of Agriculture to have financial responsibility.

*[(D)]***(E)** Upon determination that the participant has met the requirements for continued participation in the fund, the board shall issue a *[document to the applicant]* **new declarations page** confirming that fact and specifying the effective date of coverage *[and]***.** *[o]***O**ther terms and conditions of such coverage *[as the board may deem appropriate]* **contained in the participation agreement previously issued for that site shall remain in effect for the new coverage period**.

*[(E)]***(F)** In order to continue participation in the fund, participants shall pay such fees as are set forth in subsection (3)(A) above. If such fees are not submitted with the renewal application, and the application is accepted, the board shall notify the applicant of the amount of such fees which are due and shall indicate that such fees are due and payable within ten (10) days. Failure by the applicant to submit such fees in a timely manner shall result in nonrenewal of coverage on the date that such fees were due.

*[(F)]***(G)** If at the end of a participation period, all of the previously-insured ASTs have been taken out of use, the owner and/or operator of the tank(s) shall no longer be insured for costs resulting from sudden or non-sudden releases, since there cannot be a release from an empty tank. Instead, the owner or operator may apply for an extended reporting period. The extended reporting period allows named persons to give notice of claim for a release which occurred while the previously-insured tank(s) was/were in use, but which is not yet known.

1. Participation fees for the extended reporting period shall be

paid on such tanks at the same rates as specified in subsection (3)(A) above.

[2. Coverage provided by the fund shall be limited to one (1) million dollars.

3. A ten thousand dollar ($10,000) deductible shall apply.]

*[4.]***2.** *[All other terms and conditions of coverage provided by the fund shall be contained in the document]* **Terms and conditions of coverage shall be contained in an endorsement to the participation agreement** issued by the board to the fund participant**(s)**.

*[5.]***3.** The extended reporting period shall consist of one- (1-) year increments, but shall not last for more than five (5) years after it commences and in no case beyond the sunset date of the fund established by the Missouri General Assembly.

*[6.]***4.** The board reserves the right to *[issue such coverage]* **grant extended reporting periods** at its sole discretion.

(7) The following procedures shall be followed when there is a change of ownership, change of *[operation, or]* **operator, or** change of landowner**, or a new tank is installed**:

(A) If*[, during the period of coverage as specified by the board,]* the owner**ship** of an AST changes **during the period of coverage**, coverage shall cease *[and the former owner shall be given]* **on the date ownership changes. At its sole discretion, the board may offer the former owner an** opportunity to purchase an extended reporting period, as described in subsection (6)(F) of this rule;

(B) If, during the period of coverage as specified by the board, the operator of the AST changes, the owner shall notify the board in writing of the change and the effective date of such change. The board shall *[acknowledge the change in writing]* **issue an endorsement to the participation agreement** which shall include *[notice of]* the effective date of termination of participation by the previous operator; *[and]*

(C) If, during the period of coverage as specified by the board, the owner of the real estate on which the tank(s) are located changes, the fund participant shall notify the board in writing of the change *[at the time the participant renews coverage.]* **and the effective date of such change. The board shall issue an endorsement to the participation agreement which shall include the effective date of termination of participation by the previous landowner; and**

(D) If, during the period of coverage as specified by the board, a fund participant installs one (1) or more additional tanks at an insured site and desires coverage for the new tank(s), the fund participant must notify the board, provide such information as the board may require to demonstrate the integrity of the new tank(s), and pay the new tank fee(s) and a pro-rata portion of the annual fee(s) assessed in section (3) of this rule.

*AUTHORITY: sections 319.129, 319.131, and 319.133, RSMo [Supp. 2012] **2016**. Original rule filed April 1, 1999, effective Nov. 30, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 15, 2018.*

PUBLIC COST: The proposed amendment is estimated to cost the Petroleum Storage Tank Insurance Fund Board of Trustees one thousand dollars ($1,000) in one- (1-) time costs to modify its software.

PRIVATE COST: The proposed amendment is estimated to cost two (2) private entities that insure their aboveground tanks but not the underground tanks at the same site eight hundred dollars ($800) to insure all tanks at these sites.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Petroleum Storage Tank Insurance Fund Board of Trustees, Carol Eighmey, Executive Director, PO Box 836, Jefferson City, MO 65102, by fax at (573) 522-2354, or via email to pstif@sprintmail.com. To be considered, comments must be received by April 20, 2018. No public hearing is scheduled.

FISCAL NOTE
PUBLIC COST

I. **Department Title:** Department of Natural Resources
Division Title: Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter Title: Participation Requirements

Rule Number and Name:	10 CSR 100-4.020 UST Participation Requirements
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Petroleum Storage Tank Insurance Fund Board of Trustees	$1,000

III. WORKSHEET

Cost is onetime expense to modify PSTIF Board of Trustees' software to generate endorsement when new tank is added to participation agreement.

IV. ASSUMPTIONS

IT contractor has committed to make these programming changes for these not-to-exceed costs.

FISCAL NOTE
PRIVATE COST

I. **Department Title:** Department of Natural Resources
Division Title: Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter Title: Participation Requirements

Rule Number and Title:	10 CSR 100-4.020 AST Participation Requirements
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
2 owners of insured sites where a tank is in use and not currently insured with PSTIF	Fuel storage locations	$800

III. WORKSHEET

Two site owners would be required to insure up to 3 additional tanks with PSTIF:
2 sites x $400 = $800

IV. ASSUMPTIONS

Staff believes there may be one or two PSTIF- insured AST sites where USTs are also in use and are not currently PSTIF-insured. Therefore, it is assumed two PSTIF-insured AST sites with one or more tanks in use that are not currently insured with the PSTIF would be affected by this rule amendment. The amendment would require those owners to insure their additional tank(s) when their PSTIF participation agreement renews in the next twelve months. On average, it is assumed the additional participation fees required to insure the USTs at each of these two sites, plus the owner's time to prepare and submit the paperwork, would be $400 per year.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 100—Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter 5—Claims

PROPOSED AMENDMENT

10 CSR 100-5.010 Claims for Cleanup Costs. The board is amending sections (1), (4), (6), (9), and (10) of this rule.

PURPOSE: This amendment eliminates the requirement to file a notice of claim when planning to remove tanks, corrects and clarifies existing text, and eliminates language regarding deadlines that are no longer pertinent.

(1) A notice of claim must be submitted in writing to the board as soon as reasonably possible after a fund participant or beneficiary described in section (4) of this rule:

(B) Receives notice of the assertion of an obligation to pay cleanup costs or damages as a result of a release from tanks on the property; **or**

[(C) Plans to remove one (1) or more petroleum storage tanks; or]

*[(D)]***(C)** Learns that petroleum contamination exists on **or near a tank** site at levels such that a cleanup is required by the Department of Natural Resources.

(4) Fund participants or beneficiaries may *[receive monies]* **request pre-approval and reimbursement of costs** from the fund—

(A) For a release that occurs or is discovered on a date that the participant is participating in the fund.

1. The fund participant must provide notice of claim to the board while the participant is insured and before expiration or cancellation of the participant's coverage, or during an extended reporting period granted by the board under 10 CSR 100-4.010 or 10 CSR 100-4.020.

2. Fund participants must get cleanup costs approved in advance, as described in this rule.

[3. For cleanup costs resulting from a release from an aboveground storage tank, costs incurred prior to July 1, 1997, are not eligible.]

*[4.]***3.** A fund participant who has properly made a claim may request that the board assign his or her benefits for cleanup costs to another party, and the board may, with the consent of the other party and at the board's sole discretion, agree to such assignment;

(B) For a site where one (1) or more petroleum storage tank(s) was/were in use on December 31, 1997, the owner or operator applied to participate in the fund by December 31, 1997, that application was ultimately accepted by the board, there are ongoing costs of cleanup associated with a release from one (1) or more of those tanks which occurred prior to the date the application was accepted, and the cleanup began after August 28, 1989.

1. Fund participants must get cleanup costs approved in advance, as described in this rule.

[2. Costs incurred prior to the date of acceptance by the board of the application for participation are not eligible.]

*[3.]***2.** In order to maintain its status as an eligible site, the owner or operator of any petroleum storage tanks at the site must maintain participation in the fund as long as such tanks are in use. Failure to do so shall result in the site becoming ineligible; costs incurred after the date of cancellation or nonrenewal of participation in the fund are not eligible. Should the owner or operator elect to participate in the fund again, he or she may become eligible under subsection (4)(A) for any new release*[.]***;**

(C) For a site where a release occurred as a result of the operation of one (1) or more petroleum storage tanks, cleanup began or will begin after August 28, 1989, and the tank(s) from which the release occurred was/were taken out of use prior to December 31, 1997, provided such site was documented by or reported to the Department of Natural Resources prior to December 31, 1997.

1. For the purposes of this subsection, evidence of a site being documented by or reported to the Department of Natural Resources may include, but is not limited to:

A. Completion of a tank registration form;

B. Completion of the notification form circulated by the Department of Natural Resources in 1995–1997;

C. A letter, sent via U.S. mail or overnight delivery service, identifying the location of the site and indicating the existence or prior existence of tanks on the site;

D. A written message transmitted via facsimile, identifying the location of the site and indicating the existence or prior existence of tanks on the site;

E. A Site Assessment Report or similar report, submitted to the department, identifying the site as one where tanks were previously operated; or

F. Any other similar documentation which is determined by the board to provide reasonable evidence of such fact.

[2. Costs incurred prior to August 28, 1995, are not eligible.]

*[3.]***2.** Fund beneficiaries may be required by the board to provide evidence that the site was documented by or reported to the Department of Natural Resources prior to December 31, 1997.

*[4.]***3.** Fund beneficiaries must get cleanup costs approved in advance, as described in this rule;

(D) For a site described in subsection (4)(B) or (4)(C), except the release occurred and was being remediated prior to August 28, 1989.

1. Fund participants and beneficiaries must get cleanup costs approved in advance, as described in this rule*[.]***; and**

[2. Costs incurred prior to August 28, 1996 are not eligible; and]

(E) For a site where underground storage tanks which contained petroleum were taken out of use prior to December 31, 1985, and the current owner purchased such site before December 31, 1985, provided such site was reported to the board on or before June 30, 2000. For the purposes of this subsection, current owner shall mean the person who owns a site at the time it is reported to the Petroleum Storage Tank Insurance Fund Board of Trustees or its designated representative.

1. Fund beneficiaries must get cleanup costs approved in advance, as described in this rule.

[2. Costs incurred prior to August 28, 1999, are not eligible.]

(6) The following persons may request **preapproval of costs and** reimbursement from the fund:

(9) The *[fund]* **board** will recognize eligible, reasonable, and necessary costs incurred for the following activities:

(A) Costs incurred to characterize the extent of and assess risks posed by *[petroleum contamination which results from]* a release from a petroleum storage tank; and

(10) Costs not associated with cleanup of a release from a petroleum storage tank are not eligible. Such costs include, but are not limited to:

(D) Costs of excavation, transport, treatment or disposal of soil which is not contaminated with petroleum at levels such that the Department of Natural Resources requires corrective action, except that—

1. The cost of removal of concrete or similar surface material, overburden, or fill material which is necessary to access contaminated soil for removal is eligible; and

2. Costs for *[removal,]* transport*[,]* and treatment or disposal of backfill which surrounds underground tanks or piping, which is removed during tank closure activities, and which is contaminated at a level such that the Department of Natural Resources prohibits

placement of the material back into the excavated area, are eligible;

(E) Costs for environmental site assessments, or similar work, the purpose of which is to determine whether *[or not]* a release has occurred;

(L) Paving or resurfacing, except as required as a result of necessary cleanup activities. Claims for resurfacing shall be paid on a depreciated basis, or on the basis of the actual cash value of the surface which existed immediately prior to the cleanup; *[in no case shall costs for resurfacing be recognized as eligible expenses unless the costs of cleanup were incurred after May 3, 1999;]*

*AUTHORITY: sections 319.129 and 319.131, RSMo [Supp. 2014] **2016**. Original rule filed April 1, 1999, effective Nov. 30, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 15, 2018.*

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Petroleum Storage Tank Insurance Fund Board of Trustees, Carol Eighmey, Executive Director, PO Box 836, Jefferson City, MO 65102, by fax at (573) 522-2354, or via email to pstif@sprintmail.com. To be considered, comments must be received by April 20, 2018. No public hearing is scheduled.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 100—Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter 5—Claims

PROPOSED AMENDMENT

10 CSR 100-5.030 Third-Party Claims. The board is amending section (5) of this rule.

PURPOSE: This amendment corrects an inadvertent omission.

(5) The fund does not provide third-party coverage of any kind for releases from petroleum storage tanks at sites described in 10 CSR 100-5.010(4)(B), (4)(C), *[or]* (4)(D)**, or (4)(E)**.

*AUTHORITY: sections 319.129 and 319.131, RSMo [Supp. 1998] **2016**. Original rule filed April 1, 1999, effective Nov. 30, 1999. Amended: Filed Feb. 15, 2018.*

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Petroleum Storage Tank Insurance Fund Board of Trustees, Carol Eighmey, Executive Director, PO Box 836, Jefferson City, MO 65102, by fax at (573) 522-2354, or via email to pstif@sprintmail.com. To be considered, comments must be received by April 20, 2018. No public hearing is scheduled.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 100—Petroleum Storage Tank Insurance Fund Board of Trustees
Chapter 6—UST Operator Training

PROPOSED AMENDMENT

10 CSR 100-6.010 UST Operator Training. The board is amending section (3) of this rule.

PURPOSE: This amendment clarifies that persons must be trained before being expected to respond to an emergency.

(3) Required Designations.

(C) Within thirty (30) days of bringing a new UST(s) into use after July 1, 2016, the owner or operator must ensure that he/she has designated at least one **(1)** Qualified Class A/B Operator and has designated Qualified Class C Operators. **Any employee responsible for initially addressing emergencies presented by a spill or release from an underground storage tank system must become a Qualified Class C Operator prior to assuming that responsibility.**

(D) Should a vacancy occur, the owner or operator of a UST that is in use must ensure that he/she has a Qualified Class A/B Operator *[and/or Qualified Class C Operator(s)]* within thirty (30) days of the respective vacancy. **Any employee responsible for initially addressing emergencies presented by a spill or release from an underground storage tank system must become a Qualified Class C Operator prior to assuming that responsibility.**

*AUTHORITY: section 319.130, RSMo [Supp 2014] **2016**. Original rule filed Aug. 1, 2014, effective March 30, 2015. Amended: Filed Feb. 15, 2018.*

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Petroleum Storage Tank Insurance Fund Board of Trustees, Carol Eighmey, Executive Director, PO Box 836, Jefferson City, MO 65102, by fax at (573) 522-2354, or via email to pstif@sprintmail.com. To be considered, comments must be received by April 20, 2018. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 40—Comprehensive Emergency Medical Services Systems Regulations

PROPOSED AMENDMENT

19 CSR 30-40.420 Trauma Center Designation Requirements. The department is amending sections (1)–(4) and relettering throughout; adding new sections (3) and (4); and adding the form included after the rule.

PURPOSE: This amendment adds an option and establishes requirements for hospitals which are verified as trauma centers by the American College of Surgeons to become designated as level I, II, III, or IV trauma centers without being reviewed by DHSS (the department). This amendment also adds an application for these hospitals

which are verified as trauma centers by the American College of Surgeons to complete in order to become designated as level I, II, III, or IV trauma centers by the department. This amendment also changes the EMS Bureau to the department.

(1) Participation in Missouri's trauma center program is voluntary and no hospital shall be required to participate. No hospital shall in any way indicate to the public that it is a trauma center unless that hospital has been designated as such by the *[Emergency Medical Services (EMS) Bureau]* **Department of Health and Senior Services (the department)**. Hospitals desiring trauma center designation shall apply to the *[EMS Bureau]* **department either through the option outlined in section (2) or section (3)**. Only those hospitals found *[by review]* to be in compliance with the requirements of the rules in this chapter shall be designated by the *[EMS Bureau]* **department** as trauma centers.

(2) Hospitals requesting to be reviewed and designated as a trauma center by the department shall meet the following requirements:

*[(2)]***(A)** The application required for trauma center designation shall be made upon forms prepared or prescribed by the *[EMS Bureau]* **department** and shall contain information the *[EMS Bureau]* **department** deems necessary to make a fair determination of eligibility for review and designation in accordance with the rules of this chapter*[.]***;**

*[(A)]***(B)** An application shall include the following information: designation level requested; name, address, and telephone number of hospital; name of chief executive officer, chairman/president of board of trustees, surgeon in charge of trauma care, trauma nurse coordinator/program manager, director of emergency medicine, and director of trauma intensive care; number of emergency department trauma caseload, trauma team activations, computerized tomography scan capability, magnetic resonance imaging capability, operating rooms, intensive care unit/critical care unit beds, burn beds, rehabilitation beds, trauma surgeons, neurosurgeons, orthopedists, emergency department physicians, anesthesiologists, certified registered nurse anesthetists, pediatricians, and pediatric surgeons; date of application; and signatures of the chairman/president of board of trustees, hospital chief executive officer, surgeon in charge of trauma, and director of emergency medicine. The trauma center review and designation application form, included herein, is available at the *[EMS Bureau]* **Health Standards and Licensure (HSL)** office or may be obtained by mailing a written request to Missouri Department of Health and Senior Services, *[EMS Bureau]* **HSL**, PO Box 570, Jefferson City, MO 65102-0570*[.]***;**

*[(B)]***(C)** The *[EMS Bureau]* **department** shall notify the hospital of any apparent omissions or errors in the completion of the application and shall contact the hospital to arrange a date for the review*[.]***;**

*[(C)]***(D)** Failure of a hospital to cooperate in arranging for a mutually suitable date for review shall constitute forfeiture of application when a hospital's initial review is pending or suspension of designation when a hospital's verification or validation review is pending*[.]***;**

[(D)] **(E)** Hospitals designated as trauma centers under the previous designation system shall maintain their designation until a review is conducted using the rules of this chapter*[.]***;**

*[(3)]***(F)** The review of hospitals for trauma center designation shall include interviews with designated hospital staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter. The cost of any and all site reviews shall be paid by each applicant hospital or renewing trauma center unless adequate funding is available to the *[EMS Bureau]* **department** to pay for reviews*[.]***;**

*[(A)]***(G)** For the purpose of reviewing trauma centers and hospitals applying for trauma center designation, the *[EMS Bureau]* **department** shall use review teams consisting of two (2) surgeons and one (1) emergency physician who are experts in trauma care and one (1) trauma nurse coordinator/trauma program manager experienced in trauma center review. The team shall be disinterested politically and financially in the hospitals to be reviewed. Out-of-state review teams shall conduct levels I and II reviews. In-state reviewers may conduct level III reviews. In the event that out-of-state reviewers are unavailable, level II reviews may be conducted by in-state reviewers from EMS regions other than the region being reviewed with approval of the director of the Department of Health and Senior Services or his/her designee. When utilizing in-state review teams, the level II trauma center shall have the right to refuse one (1) review team*[.]***;**

*[(B)]***(H)** Any substantial deficiencies cited in the initial review or the validation review regarding patient care issues, especially those related to delivery of timely surgical intervention, shall require a focused review to be conducted. When deficiencies involve documentation or policy or equipment, the hospital's plan of correction shall be submitted to the *[EMS Bureau]* **department** and verified by *[EMS Bureau]* **department** personnel*[.]***;**

*[(C)]***(I)** The verification review shall be conducted in the same manner and detail as initial and validation reviews. A review of the physical plant will not be necessary unless a deficiency was cited in the physical plant in the preceding initial or validation review. If deficiencies relate only to a limited number of areas of hospital operations, a focused review shall be conducted. The review team for a focused review shall be comprised of review team members with the required expertise to evaluate corrections in the specified deficiency area*[.]***;**

*[(D)]***(J)** Validation reviews shall occur every five (5) years*[.]***;** *[Level I and II trauma centers undergoing American College of Surgeons reverification review at shorter intervals may incorporate EMS Bureau personnel in these reviews and, if they successfully pass reverification and meet all requirements herein, submit that review for EMS Bureau reverification.]*

*[(E)]***(K)** Upon completion of a review, the reviewers shall submit a report of their findings to the *[EMS Bureau]* **department**. *[If this is also an American College of Surgeons (ACS) verification or reverification, the hospital shall request a copy of the report be sent directly to the EMS Bureau from the ACS verification committee.]* The report shall state whether the specific standards for trauma center designation have or have not been met; if not met, in what way they were not met. The report shall include the patient chart audits and a narrative summary to include pre-hospital, hospital, trauma service, emergency department, operating room, recovery room, clinical lab, intensive care unit, blood bank, rehabilitation, performance improvement and patient safety programs, education, outreach, research, chart review, and interviews. The *[EMS Bureau]* **department** has final authority to determine compliance with the rules of this chapter*[.]***;**

*[(F)]***(L)** Within thirty (30) days after receiving a review report, the *[EMS Bureau]* **department** shall return a copy of the report in whole to the chief executive officer of the hospital reviewed. Included with the report shall be notification indicating that the hospital has met the criteria for trauma center designation or has failed to meet the criteria for the designation level for which it applied and options the hospital may pursue*[.]***;**

*[(G)]***(M)** If a verification review is required, the hospital shall be allowed a period of six (6) months to correct deficiencies. A plan of correction form shall be provided to the *[EMS Bureau]* **department** and shall be completed by the hospital and returned to the *[EMS Bureau]* **department** within thirty (30) days after notification of review findings*[.]***;**

*[(H)]***(N)** Once a review is completed, a final report shall be prepared by the *[EMS Bureau]* **department**. The final report shall be public record and shall disclose the standards by which the reviews were conducted and whether the standards were met. The reports filed by the reviewers shall be held confidential and shall be disclosed only to the hospital's chief executive officer or an authorized representative*[.]***;**

*[(4)]***(O)** The *[EMS Bureau]* **department** shall have the authority to put on probation, suspend, revoke, or deny trauma center designation if there is reasonable cause to believe that there has been a substantial failure to comply with the requirements of the rules in this chapter. Once designated as a trauma center, a hospital may voluntarily surrender the designation at any time without giving cause, by contacting the *[EMS Bureau]* **department**. In these cases, the application and review process shall be completed again before the designation may be reinstated*[.]***;**

*[(A)]***(P)** Trauma center designation shall be valid for a period of five (5) years from the date the trauma center is designated. Expiration of the designation shall occur unless the trauma center applies for validation review within this five- (5-)*[-]* year period. Trauma center designation shall be site specific and not transferable when a trauma center changes location*[.]***; and**

*[(B)]***(Q)** The *[EMS Bureau]* **department** shall investigate complaints against trauma centers. Failure of the hospital to cooperate in providing documentation and interviews with appropriate staff may result in revocation of trauma center designation. Any hospital, which takes adverse action toward an employee for cooperating with the *[EMS Bureau]* **department** regarding a complaint, is subject to revocation of trauma center designation.

(3) Hospitals seeking trauma center designation by the department based on their current verification as a trauma center by the American College of Surgeons shall meet the following requirements:

(A) An application for trauma center designation by the department for hospitals that have been verified as a trauma center by the American College of Surgeons shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a determination of eligibility for review and designation in accordance with the rules of this chapter. The application for trauma verified hospital designation form, included herein, is available at the Health Standards and Licensure (HSL) office, or online at the department's website at www.health.mo.gov, or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for trauma center designation shall be submitted to the department no less than sixty (60) days and no more than one hundred twenty (120) days prior to the desired date of the initial designation or expiration of the current designation;

(B) Both sections A and B of the application for trauma verified hospital designation form, included herein, shall be complete before the department designates a hospital/trauma center. The department shall notify the hospital/trauma center of any apparent omissions or errors in the completion of the application for trauma verified hospital designation form. Upon receipt of a completed and approved application, the department shall designate such hospital as follows:

1. The department shall designate a hospital as a level I trauma center if such hospital has been verified as a level I trauma center (adult and pediatric) by the American College of Surgeons;

2. The department shall designate a hospital as a level II trauma center if such hospital has been verified as a level II trauma center (adult and pediatric) by the American College of Surgeons;

3. The department shall designate a hospital as a level III trauma center if such hospital has been verified as a level III trauma center (adult and pediatric) by the American College of Surgeons;

4. The department shall designate a hospital as a level IV trauma center if such hospital has been verified as a level IV trauma center (adult and pediatric) by the American College of Surgeons;

5. The department shall designate a hospital as a level I pediatric trauma center if such hospital has been verified as a level I pediatric trauma center (only treats children) by the American College of Surgeons;

6. The department shall designate a hospital as a level II pediatric trauma center if such hospital has been verified as a level II pediatric trauma center (only treats children) by the American College of Surgeons;

7. The department shall designate a hospital as a level I trauma center if such hospital has been verified as a level I trauma center (only treats adults) by the American College of Surgeons; and

8. The department shall designate a hospital as a level II trauma center if such hospital has been verified as a level II trauma center (only treats adults) by the American College of Surgeons;

(C) Annually from the date of designation by the department submit to the department proof of verification as a trauma center by the American College of Surgeons and the names and contact information of the medical director of the trauma center and the program manager of the trauma center;

(D) Within thirty (30) days of any changes submit to the department proof of verification as a trauma center by the American College of Surgeons and the names and contact information of the medical director of the trauma center and the program manager of the trauma center;

(E) Submit to the department a copy of the verifying organization's final trauma center verification survey results within thirty (30) days of receiving such results;

(F) Submit to the department a completed application for trauma verified hospital designation form every three (3) years;

(G) Participate in the emergency medical services regional system of trauma care in its respective emergency medical services region as defined in 19 CSR 30-40.302;

(H) Participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources;

(I) Submit data to meet the data submission requirements in 19 CSR 30-40.430;

(J) The designation of a hospital as a trauma center pursuant to section (3) shall continue if such hospital retains verification as a trauma center by the American College of Surgeons; and

(K) The department may remove a hospital's designation as a trauma center if requested by the hospital or the department determines that the verification by the American College of Surgeons has been suspended or revoked. The department may also remove a hospital's designation as a trauma center if the department determines the hospital's verification with the American College of Surgeons has expired. Any decision made by the department to withdraw the designation of a trauma center that is based on the revocation or suspension of a verification by the American College of Surgeons shall not be subject to judicial review.

(4) Hospitals that choose to apply to the department under sections (2) and (3) above and maintain a trauma designation with both the department and the American College of Surgeons may request either of the following two (2) options:

(A) Hospitals may choose to apply to the department under section (2) above and meet the requirements in section (2) above and 19 CSR 30-40.410 and 19 CSR 30-40.430. Hospitals may request a separate review by only the department pursuant to section (2). Hospitals may choose to apply to the department under section (3) above and meet the requirements set by the American College of Surgeons. Hospitals may request a separate review by only the American College of Surgeons; or

(B) Hospitals may choose to apply to the department under section (2) above and meet the requirements in section (2) above and 19 CSR 30-40.410 and 19 CSR 30-40.430. Hospitals may

choose to apply to the department under section (3) above and meet the requirements set by the American College of Surgeons. Hospitals may request a joint review by both the American College of Surgeons and the department. In a joint review, department personnel shall be incorporated into these reviews upon the consent of the American College of Surgeons. During these joint reviews, the trauma review team chosen by the American College of Surgeons shall also include at least one (1) emergency department physician and at least one (1) trauma program manager (nurse). All costs for the review and review team shall be paid by the hospitals. If a hospital successfully passes the joint review by the department and the American College of Surgeons, then the hospital will be designated by the department as a trauma center under both sections (2) and (3) above.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE

APPLICATION FOR TRAUMA VERIFIED HOSPITAL DESIGNATION

In accordance with the requirements of Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a trauma center. Please complete all information.	Organization's Trauma Identification Number

CURRENT TRAUMA VERIFICATION ORGANIZATION AND LEVEL

ADULT AND PEDIATRIC (TREATS ADULTS AND CHILDREN)	PEDIATRIC (TREATS CHILDREN ONLY)	ADULT (TREATS ADULTS ONLY)
☐ Level I Trauma Center by the American College of Surgeons	☐ Level I Pediatric Trauma Center by the American College of Surgeons	☐ Level I Trauma Center by the American College of Surgeons
☐ Level II Trauma Center by the American College of Surgeons	☐ Level II Pediatric Trauma Center by the American College of Surgeons	☐ Level II Trauma Center by the American College of Surgeons
☐ Level III Trauma Center by the American College of Surgeons		
☐ Level IV Trauma Center by the American College of Surgeons		

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)		Telephone Number
Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
Trauma Medical Director (Name, email, and contact phone number)	Trauma Program Manager (Name, email, and contact phone number)

The following should be submitted to the department as indicated:

☐ Proof of trauma verification with the American College of Surgeons with the expiration date of the verification.

☐ Copy of the final trauma survey results from the American College of Surgeons.

RESOURCE INFORMATION

E.D. Trauma Caseload	Trauma Team Activations	C.T. Scan Capability	M.R.I. Capability
Operating Rooms	ICU/CCU Beds	Burn Beds	Rehab. Beds
Trauma Surgeons	Neurosurgeons	Orthopaedists	E.D. Physicians
Anesthesiologists	C.R.N.A.s	Pediatricians	Pediatric Surgeons

CERTIFICATION

We, the undersigned, hereby certify that:

A. We will annually and within thirty (30) days of any changes submit to the department proof of trauma verification with the American College of Surgeons.

B. We will annually and within thirty (30) days of any changes submit to the department names and contact information of our medical director and the program manager of the trauma center.

C. We will submit to the department a copy of our final trauma verfication survey results from the American College of Surgeons within thirty (30) days of receiving such results.

D. We will participate in the emergency medical services regional system of trauma care in our respective emergency medical services region as defined in 19 CSR 30-40.302.

E. We will participate in local and regional emergency medical services sytems by reviewing and sharing outcome data and providing training and clinical educational resources.

F. We will submit data to meet the data submission requirements outlined in 19 CSR 30-40.430.

G. We understand that our designation as a trauma center by the department shall continue only if our hospital remains verified as a trauma center by the American College of Surgeons.

Date of application _____

Signed _____
Chairman/President of Board of Trustees,
Owner, or one Partner of Partnership

Signed _____
Hospital Chief Executive Officer

Signed _____
Trauma Medical Director

Signed _____
Director of Emergency Medicine

AUTHORITY: sections ***190.176 and*** *190.185, RSMo [Supp. 2007]* ***2016,*** *and section 190.241, [HB 1790, 94th General Assembly, Second Regular Session, 2008]* ***RSMo Supp. 2017****. Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Amended: Filed May 19, 2008, effective Jan. 30, 2009. Emergency amendment filed Feb. 2, 2018, effective Feb. 12, 2018, expires Aug. 10, 2018. Amended: Filed Feb. 2, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Dean Linneman, Director, Department of Health and Senior Services, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 40—Comprehensive Emergency Medical Services Systems Regulations

PROPOSED AMENDMENT

19 CSR 30-40.750 ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation Application and Review. The department is amending and renumbering the rule text; adding a new section (3); and adding the form included after the rule.

PURPOSE: This amendment adds an option and establishes requirements for hospitals which are certified as STEMI centers by the Joint Commission, the American Heart Association, or the American College of Cardiology to become designated as level I, II, or III STEMI centers without being reviewed by DHSS (the department). This amendment also adds an application for these hospitals which are certified as STEMI centers by the Joint Commission, the American Heart Association, or the American College of Cardiology to complete in order to become designated as level I, II, or III STEMI centers by the department. This amendment also adds focus reviews to be conducted after an initial review. Additionally, this amendment prohibits hospitals from holding themselves out as STEMI centers designated by the department until STEMI initial reviews have been completed by the department for those hospitals applying to be reviewed and designated by the department as STEMI centers during the first round of applications. The department will give all hospitals designated as STEMI centers through sections (2) and (3) written approval of the date these hospitals may begin holding themselves out as department designated STEMI centers during the first round of applications.

(1) Participation in Missouri's STEMI center program is voluntary and no hospital shall be required to participate. No hospital shall hold itself out to the public as a state-designated STEMI center unless it is designated as such by the Department of Health and Senior Services (department). Hospitals desiring STEMI center designation shall apply to the department **either through the option outlined in section (2) or section (3)**. Only those hospitals found *[by review]* to be in compliance with the requirements of the rules of this chapter shall be designated by the department as STEMI centers.

(2) Hospitals requesting to be reviewed and designated as a STEMI center by the department shall meet the following requirements:

(A) An application for STEMI center designation shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a fair determination of eligibility for review and designation in accordance with the rules of this chapter. The STEMI center review and designation application form, included herein, is available at the Health Standards and Licensure (HSL) office, *[or]* online at the department's website at www.health.mo.gov, or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for STEMI center designation shall be submitted to the department no less than sixty (60) days and no more than one hundred twenty (120) days prior to the desired date of the initial designation or expiration of the current designation*[.]***;**

(B) Both sections A and B of the STEMI center review and designation application form, included herein, shall be complete before the department will arrange a date for the review. The department shall notify the hospital/STEMI center of any apparent omissions or errors in the completion of the STEMI center review and designation application form. When the STEMI center review and designation application form is complete, the department shall contact the hospital/STEMI center to arrange a date for the review*[.]***;**

(C) The hospital/STEMI center shall cooperate with the department in arranging for a mutually suitable date for any announced reviews*[.]***;**

*[(2)]***(D)** The different types of **site** reviews to be conducted on hospitals/STEMI centers **seeking STEMI center designation by the department** include:

*[(A)]***1.** An initial review shall occur on a hospital applying to be initially designated as a STEMI center. An initial review shall include interviews with designated hospital staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter;

*[(B)]***2.** A validation review shall occur on a designated STEMI center applying for renewal of its designation as a STEMI center. Validation reviews shall occur no less than every three (3) years. A validation review shall include interviews with designated STEMI center staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter; and

*[(C)]***3.** A focus review shall occur on a designated STEMI center in which a**n initial or** validation review was conducted and substantial deficiency(ies) were cited. A review of the physical plant will not be necessary unless a deficiency(ies) was cited in the physical plant in the preceding validation review. The focus review team shall be comprised of a representative from the department and may include a qualified contractor(s) with the required expertise to evaluate corrections in areas where deficiencies were cited*[.]***;**

*[(3)]***(E)** STEMI center designation shall be valid for a period of three (3) years from the date the STEMI center/hospital is designated.

*[(A)]***1.** STEMI center designation shall be site specific and nontransferable when a STEMI center changes location.

*[(B)]***2.** Once designated as a STEMI center, a STEMI center may voluntarily surrender the designation at any time without giving cause, by contacting the department in writing. In these cases, the application and review process shall be completed again before the designation may be reinstated*[.]***;**

*[(4)]***(F)** For the purpose of reviewing previously designated STEMI centers and hospitals applying for STEMI center designation, the department shall use review teams consisting of qualified contractors. These review teams shall consist of one (1) STEMI coordinator or STEMI program manager who has experience in STEMI care and one (1) emergency medicine physician experienced in STEMI care. The review team shall also consist of at least one

(1) and no more than two (2) cardiologist(s)/interventional cardiologist(s) who are experts in STEMI care. One (1) representative from the department will also be a participant of the review team. This representative shall coordinate the review with the hospital/STEMI center and the other review team members.

*[(A)]***1.** Any individual interested in becoming a qualified contractor to conduct reviews shall—

*[1.]***A.** Send the department a curriculum vitae (CV) or *[resume]* **résumé** that includes his or her experience and expertise in STEMI care and whether an individual is in good standing with his or her licensing boards. A qualified contractor shall be in good standing with his or her respective licensing boards;

*[2.]***B.** Provide the department evidence of his or her previous site survey experience (state and/or national designation survey process); and

*[3.]***C.** Submit a list to the department that details any ownership he or she may have in a Missouri hospital(s), whether he or she has been terminated from any Missouri hospital(s), any lawsuits he or she has currently or had in the past with any Missouri hospital(s), and any Missouri hospital(s) for which his or her hospital privileges have been revoked.

*[(B)]***2.** Qualified contractors for the department shall enter into a written agreement with the department indicating, that among other things, they agree to abide by Chapter 190, RSMo, and the rules in this chapter, during the review process*[.]***;**

*[(5)]***(G)** Out-of-state review team members shall conduct levels I and II hospital/STEMI center reviews. Review team members are considered out-of-state review team members if they work outside of the state of Missouri. In-state review team members may conduct levels III and IV hospital/STEMI center reviews. Review team members are considered in-state review team members if they work in the state of Missouri. In the event that out-of-state reviewers are unavailable, levels I and II STEMI center reviews may be conducted by in-state reviewers from Emergency Medical Services (EMS) regions as set forth in 19 CSR 30-40.302 other than the region being reviewed with the approval of the director of the department or his/her designee. When utilizing in-state review teams, levels I and II hospital/STEMI centers shall have the right to refuse one (1) in-state review team or certain members from one (1) in-state review team*[.]***;**

*[(6)]***(H)** Hospitals/STEMI centers shall be responsible for paying expenses related to the costs of the qualified contractors to review their respective hospitals/STEMI center during initial, validation, and focus reviews. The department shall be responsible for paying the expenses of its representative. Costs of the review to be paid by the hospital/STEMI center include:

*[(A)]***1.** An honorarium shall be paid to each qualified contractor of the review team. Qualified contractors of the review team for level I and II STEMI center reviews shall be paid six hundred dollars ($600) for the day of travel per reviewer and eight hundred fifty dollars ($850) for the day of the review per reviewer. Qualified contractors of the review team for level III and IV STEMI center reviews shall be paid five hundred dollars ($500) for the day of travel per reviewer and five hundred dollars ($500) for the day of the review per reviewer. This honorarium shall be paid to each qualified contractor of the review team at the time the site survey begins;

*[(B)]***2.** Airfare shall be paid for each qualified contractor of the review team, if applicable;

*[(C)]***3.** Lodging shall be paid for each qualified contractor of the review team. The hospital/STEMI center shall secure the appropriate number of hotel rooms for the qualified contractors and pay the hotel directly; and

*[(D)]***4.** Incidental expenses, if applicable, for each qualified contractor of the review team shall not exceed two hundred fifty dollars ($250) and may include the following:

*[1.]***A.** Airport parking;

*[2.]***B.** Checking bag charges;

*[3.]***C.** Meals during the review; and

*[4.]***D.** Mileage to and from the review if no airfare was charged by the reviewer. Mileage shall be paid at the federal mileage rate for business miles as set by the Internal Revenue Service (IRS). Federal mileage rates can be found at the website www.irs.gov*[.]***;**

*[(7)]***(I)** Upon completion of a review, the qualified contractors from the review team shall submit a report of their findings to the department. This report shall state whether the specific standards for STEMI center designation have or have not been met and if not met, in what way they were not met. This report shall detail the hospital/STEMI center's strengths, weaknesses, deficiencies, and recommendations for areas of improvement. This report shall also include findings from patient chart audits and a narrative summary of the following areas: prehospital, hospital, STEMI service, emergency department, operating room, angiography suites, recovery room, clinical lab, intensive care unit, rehabilitation, performance improvement and patient safety programs, education, outreach, research, chart review, and interviews. The department shall have the final authority to determine compliance with the rules of this chapter*[.]***;**

*[(8)]***(J)** The department shall return a copy of the report to the chief executive officer, the STEMI medical director, and the STEMI program manager/coordinator of the hospital/STEMI center reviewed. Included within the report shall be notification indicating whether the hospital/STEMI center has met the criteria for STEMI center designation or has failed to meet the criteria for STEMI center designation as requested. Also, if a focus review of the STEMI center is required, the time frame for this focus review will be shared with the chief executive officer, the STEMI medical director, and the STEMI program manager/coordinator of the STEMI center reviewed*[.]***;**

*[(9)]***(K)** When the hospital/STEMI center is found to have deficiencies, the hospital/STEMI center shall submit a plan of correction to the department. The plan of correction shall include identified deficiencies, actions to be taken to correct deficiencies, time frame in which the deficiencies are expected to be resolved, and the person responsible for the actions to resolve the deficiencies. A plan of correction form shall be completed by the hospital and returned to the department within thirty (30) days after notification of review findings and designation. If a focus review is required, the STEMI center shall be allowed a minimum period of six (6) months to correct deficiencies*[.]***;**

(L) No hospital shall hold itself out as a STEMI center designated by the department until given written approval by the department. The department shall give written approval to the hospitals to begin holding themselves out as designated STEMI centers by the department after all initial STEMI reviews have been completed for those hospitals which applied for STEMI review and designation with the department during the first round of applications and the time for plans of corrections have expired;

*[(10)]***(M)** A STEMI center shall make the department aware in writing within thirty (30) days if there are any changes in the STEMI center's name, address, contact information, chief executive officer, STEMI medical director, or STEMI program manager/coordinator*[.]***;**

*[(11)]***(N)** Any person aggrieved by an action of the department affecting the STEMI center designation pursuant to Chapter 190, RSMo, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination by the Administrative Hearing Commission under Chapter 621, RSMo. It shall not be a condition to such determination that the person aggrieved seek reconsideration, a rehearing, or exhaust any other procedure within the department*[.]***; and**

*[(12)]***(O)** The department may deny, place on probation, suspend, or revoke such designation in any case in which it has reasonable cause to believe that there has been a substantial failure to comply with the provisions of Chapter 190, RSMo, or any rules or regulations promulgated pursuant to this chapter. If the department has reasonable cause to believe that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced

or unannounced site reviews of the hospital to verify compliance. If a STEMI center fails two (2) consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245, RSMo, or rules adopted by the department pursuant to sections 190.001 to 190.245, RSMo, its center designation shall be revoked.

(3) Hospitals seeking STEMI center designation by the department based on their current certification as a STEMI center by the Joint Commission, American Heart Association, or American College of Cardiology shall meet the following requirements:

(A) An application for STEMI center designation by the department for hospitals that have been certified as a STEMI/chest pain center by the Joint Commission, American Heart Association, or American College of Cardiology shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a determination of eligibility for review and designation in accordance with the rules of this chapter. The application for STEMI certified hospital designation form, included herein, is available at the Health Standards and Licensure (HSL) office, or online at the department's website at www.health.mo.gov, or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for STEMI center designation shall be submitted to the department no less than sixty (60) days and no more than one hundred twenty (120) days prior to the desired date of the initial designation or expiration of the current designation;

(B) Both sections A and B of the application for STEMI certified hospital designation form, included herein, shall be complete before the department designates a hospital/STEMI center. The department shall notify the hospital/STEMI center of any apparent omissions or errors in the completion of the application for STEMI certified hospital designation form. Upon receipt of a completed and approved application, the department shall designate such hospital as follows:

1. The department shall designate a hospital as a level I STEMI center if such hospital has been certified as a comprehensive cardiac center by the Joint Commission;

2. The department shall designate a hospital as a level II STEMI center if such hospital has been certified as any of the following:

A. Mission lifeline Percutaneous Coronary Intervention (PCI)/STEMI receiving center by the American Heart Association;

B. Chest pain center with PCI center by the American College of Cardiology; or

C. Chest pain with PCI and resuscitation center by the American College of Cardiology;

3. The department shall designate a hospital as a level III STEMI center if such hospital has been certified as any of the following:

A. Mission lifeline non/PCI STEMI referral center by the American Heart Association;

B. Chest pain center by the Joint Commission;

C. Primary Acute Myocardial Infarction (AMI) center by the Joint Commission; or

D. Chest pain center by the American College of Cardiology;

(C) No hospital shall hold itself out as a STEMI center designated by the department until given written approval by the department. The department shall give written approval to the hospitals to begin holding themselves out as designated STEMI centers by the department after all initial STEMI reviews have been completed for those hospitals which applied for STEMI review and designation with the department during the first round of applications and the time for plans of corrections have expired. This does not prohibit the hospitals from holding themselves out as certified STEMI/chest pain centers by the Joint Commission, the American Heart Association, or the American College of Cardiology;

(D) Annually from the date of designation by the department submit to the department proof of certification as a STEMI/chest pain center by the Joint Commission, the American Heart Association, or the American College of Cardiology and the names and contact information of the medical director of the STEMI/chest pain center and the program manager of the STEMI chest pain center;

(E) Within thirty (30) days of any changes submit to the department proof of certification as a STEMI/chest pain center by the Joint Commission, the American Heart Association, or the American College of Cardiology and the names and contact information of the medical director of the STEMI/chest pain center and the program manager of the STEMI/chest pain center;

(F) Submit to the department a copy of the certifying organization's final STEMI/chest pain center certification survey results within thirty (30) days of receiving such results;

(G) Submit to the department a completed application for STEMI certified hospital designation form every three (3) years;

(H) Participate in the emergency medical services regional system of STEMI care in its respective emergency medical services region as defined in 19 CSR 30-40.302;

(I) Any hospital designated as a level III STEMI center that is certified by the Joint Commission, the American Heart Association, or the American College of Cardiology shall have a formal agreement with a level I or level II STEMI center designated by the department for physician consultative services for evaluation of STEMI patients;

(J) Participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources;

(K) Submit data to meet the data submission requirements in section 190.241, RSMo, and 19 CSR 30-40.760;

(L) The designation of a hospital as a STEMI center pursuant to section (3) shall continue if such hospital retains certification as a STEMI center by the Joint Commission, the American Heart Association, or the American College of Cardiology; and

(M) The department may remove a hospital's designation as a STEMI center if requested by the hospital or the department determines that the Joint Commission, the American Heart Association, or American College of Cardiology certification has been suspended or revoked. The department may also remove a hospital's designation as a STEMI center if the department determines the hospital's certification with the Joint Commission, the American Heart Association, or American College of Cardiology has expired. Any decision made by the department to withdraw the designation of a STEMI center that is based on the revocation or suspension of a certification by the Joint Commission, the American Heart Association, or the American College of Cardiology shall not be subject to judicial review.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE
APPLICATION FOR ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) CERTIFIED HOSPITAL DESIGNATION

SECTION A

In accordance with the requirements of Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a STEMI center. Please complete all information.	Organization's STEMI Identification Number

Current STEMI Certification Organization and Level

LEVEL I	LEVEL II	LEVEL III
☐ Joint Commission, Comprehensive Cardiac Center	☐ American Heart Association, Mission Lifeline Percutaneous Coronary Intervention (PCI)/ STEMI Receiving Center	☐ American Heart Association, Mission Lifeline Non/PCI STEMI Referral Center
	☐ American College of Cardiology, Chest Pain with PCI Center	☐ Joint Commission, Chest Pain Center
	☐ American College of Cardiology, Chest Pain with PCI and Resuscitation Center	☐ Joint Commission, Primary Acute Myocardial Infarction (AMI) Center
		☐ American College of Cardiology, Chest Pain Center

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)		Telephone Number
Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
STEMI Medical Director (Name, email, and contact phone number)	STEMI Program Manager (Name, email, and contact phone number)

Section B

The following should be submitted to the department as indicated:

☐ Proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology with the expiration date of the certification.

☐ Copy of the final STEMI survey results from the Joint Commission, American Heart Association or American College of Cardiology.

If applying for Level III STEMI Center designation, the following should be submitted to the Department:

☐ Formal agreement with Level I or Level II STEMI center for physician consultative services for evaluation of STEMI patients.

CERTIFICATION

We, the undersigned, hereby certify that:

A. We will annually and within thirty (30) days of any changes submit to the department proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology.

B. We will annually and within thirty (30) days of any changes submit to the department names and contact information of our medical director and the program manager of the STEMI center.

C. We will submit to the department a copy of our final STEMI certification survey results from the Joint Commission, American Heart Association or American College of Cardiology within thirty (30) days of receiving such results.

D. We will participate in the emergency medical services regional system of STEMI care in our respective emergency medical services region as defined in 19 CSR 30-40.302.

E. We will participate in local and regional emergency medical services sytems by reviewing and sharing outcome data and providing training and clinical educational resources.

F. We will submit data to meet the data submission requirements outlined in section 190.241, RSMo, and 19 CSR 30-40.760.

G. We understand that our designation as a STEMI center by the department shall continue only if our hospital remains certified as a STEMI center by the Joint Commission, American Heart Association or American College of Cardiology.

Date of application _____

Signed _____
Chairman/President of Board of Trustees, Owner, or one Partner of Partnership

Signed _____
Hospital Chief Executive Officer

Signed _____
STEMI Medical Director

Signed _____
Director of Emergency Medicine

*AUTHORITY: [section 192.006, RSMo 2000, and] sections 190.185 and **192.006, RSMo 2016, and section** 190.241, RSMo Supp. [2012] **2017**. Original rule filed Nov. 15, 2012, effective June 30, 2013. Emergency amendment filed Feb. 2, 2018, effective Feb. 12, 2018, expires Aug. 10, 2018. Amended: Filed Feb. 2, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Dean Linneman, Director, Department of Health and Senior Services, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2110—Missouri Dental Board
Chapter 2—General Rules

PROPOSED AMENDMENT

20 CSR 2110-2.170 Fees. The board is amending subsections (1)(C) and (1)(D) and section (3).

PURPOSE: The rule is being amended for a one- (1-) time reduction in renewal fees and creates a late renewal fee for limited teaching licenses.

(1) The following fees are established by the Missouri Dental Board:

(C) Biennial License Renewal Fee	
1. Dentist License	$150
A. Effective September 1, 2018 to August 31, 2020	**$100**
2. Dental Specialist License	$150
A. Effective September 1, 2018 to August 31, 2020	**$100**
3. Dental Hygienist License	$ 60
4. Limited Teaching License	$250
(D) Renewal Penalty Fee—Dentist/Dental Specialist/Dental Hygienist/**Limited Teaching License**	$100

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule *[shall]* remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY: section 332.031, RSMo [2000] **2016**. This rule originally filed as 4 CSR 110-2.170. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 6, 1981. Original rule filed June 30, 1981, effective Oct. 11, 1981. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 2, 2018.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately one hundred ninety-two thousand five hundred dollars ($192,500) from September 1, 2018 to August 31, 2020. Effective September 1, 2020, the renewal fee will revert to its original cost, and the additional costs will end. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will save private entities approximately one hundred ninety-two thousand five hundred dollars ($192,500) from September 1, 2018 to August 31, 2020. In addition, the proposed amendment will cost private entities approximately one hundred dollars ($100) biennially for the life of the rule.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PUBLIC FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2110 - Missouri Dental Board
Chapter 2 - General Rules
Proposed Amendment to 20 CSR 2110-2.170 - Fees

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
Missouri Dental Board		**$192,500**
	Total Loss of Revenue for September 1, 2018, to August 31, 2020	**$192,500**

Affected Agency or Political Subdivision	Estimated Increase of Revenue	
Missouri Dental Board		**$100**
	Estimated Increased Revenue Beginning in FY19 and Continuing Biennially for the Life of the Rule	**$100**

III. WORKSHEET

See Private Entity Fiscal Note

IV. ASSUMPTION

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual biennial renewal fees for dentist, dental specialist and dental hygienist.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2110 - Missouri Dental Board
Chapter 2 - General Rules
Proposed Amendment to 20 CSR 2110-2.170 - Fees

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated savings for the life of the rule by affected entities:
3,200	Biennial Renewal Fee (Dentist) (Renewal Fee Decrease @ $50)	$160,000
650	Biennial Renewal Fee (Dental Specialist) (Renewal Fee Decrease @ $50)	$32,500
	Estimated Total Cost Savings for September 1, 2018, to August 31, 2020	**$192,500**

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost for the life of the rule by affected entities:
1	Limited Teaching License (Renewal Penalty Fee @ $100)	$100
	Estimated Cost of Compliance Beginning in FY19 and Continuing Biennially for the Life of the Rule	**$100**

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The above figures are based on FY 2019 projections.
2. Individual dentist and dental specialist renew biennially. This fiscal note shows the number expected to renew biennially.
3. It is anticipated that the total fiscal savings will occur beginning in FY2019, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.001 Definitions. The board is amending subsection (1)(M) and adding new subsections (1)(T), (1)(HH), (1)(SS) and (1)(XX), and relettering as necessary.

PURPOSE: This amendment adds and amends definitions to keep language within the Minimum Standards for Programs of Professional Nursing internally congruent.

(1) When used in 20 CSR 2200-2, the following terms mean:

(M) Clinical simulation—*[An educational experience that creates realistic scenarios where students engage in nursing practice under the direction of nursing faculty;]* **Any activity that models direct patient care in a controlled environment, led by a qualified facilitator with oversight by nursing faculty. Activities include assessment, competencies, terminology, evaluation, and debriefing, based on standards of best nursing practice. The purpose of simulation as a teaching pedagogy is to mimic and practice competencies not able to be acquired in a clinical setting or to augment direct patient care experiences;**

(T) Debriefing—An activity that follows a simulation experience that encourages participant's reflective thinking and provides feedback regarding the participant's performance;

*[(T)]***(U)** Diploma program—Program leading to diploma in nursing sponsored by a health care institution;

*[(U)]***(V)** Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;

*[(V)]***(W)** Distance learning—Curriculum provided from a main campus location to another geographic location, primarily through electronic or other technological methods;

*[(W)]***(X)** Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory, or country;

*[(X)]***(Y)** Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation, and evaluation of philosophy and/or mission, objectives, and curriculum of nursing program;

*[(Y)]***(Z)** Full-time—Those individuals deemed by sponsoring institution to meet definition for full-time employment;

*[(Z)]***(AA)** Governing body—Body authorized to establish and monitor policies and assume responsibility for the educational programs;

*[(AA)]***(BB)** Graduate competency—Individual graduate behaviors;

*[(BB)]***(CC)** Information technology—The study designed for development, implementation, support, or management of computer-based information systems, particularly software applications and computer hardware;

*[(CC)]***(DD)** Initial approval—Status granted a program of professional nursing until full approval status is granted or denied;

*[(DD)]***(EE)** Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;

*[(EE)]***(FF)** Mission—Overall statement of purpose that faculty accept as valid and is directly related to curriculum practices;

*[(FF)]***(GG)** Multiple campuses—Distinct and separate geographic location offering the same program, providing the same services, and operated by the same sponsoring institution;

(HH) National Nursing Accreditation—Accreditation by a national agency specific to nursing education that is recognized by the board;

*[(GG)]***(II)** NCLEX-RN® examination—National Council Licensure Examination for Registered Nurses;

*[(HH)]***(JJ)** Objectives—Measurable statements describing anticipated outcomes of learning;

*[(II)]***(KK)** Observational experiences—Planned learning experiences designed to assist students to meet course objectives through observation;

*[(JJ)]***(LL)** Part-time—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;

*[(KK)]***(MM)** Philosophy—A composite of the beliefs that the faculty accepts as valid and is directly related to curriculum practices;

*[(LL)]***(NN)** Pilot program/project—Educational activity which has board approval for a limited time and which otherwise would be out of compliance with minimum standards;

*[(MM)]***(OO)** Preceptor—Registered professional nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;

*[(NN)]***(PP)** Pre-licensure—Initial educational program in nursing leading to entry-level licensure;

*[(OO)]***(QQ)** Program—Course of study leading to a degree or diploma;

*[(PP)]***(RR)** Program outcomes—Measurable statements defining aggregate student achievements;

(SS) Proper supervision—The general overseeing and the authorizing to direct in any given situation including, but not limited to: orientation, initial and ongoing direction, procedural guidance, periodic inspection, and evaluations;

*[(QQ)]***(TT)** Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;

*[(RR)]***(UU)** Satellite location—A site geographically separate from but administered and served by, a primary program campus;

*[(SS)]***(VV)** Sponsoring institution—The institution that is financially and legally responsible for the nursing program;

*[(TT)]***(WW)** Statement of need and feasibility—Current evidence of need for professional and practical nurses, additional nursing program(s), and community support;

(XX) Sustainability plan—A plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

*[(UU)]***(YY)** Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and

*[(VV)]***(ZZ)** Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency, which designates each party's responsibilities for the education of nursing students.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.001. Original rule filed Sept. 25, 1991, effective March 9, 1992. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.010 Approval. The board is amending sections (3), (4), (5), (6), and (8), adding new section (7), and renumbering as necessary.

PURPOSE: This amendment clarifies the approval process for programs of professional nursing.

(3) Classification of Approval.

(A) Initial approval is the status granted a program of professional nursing until full approval is granted or *[denied]* **approval is withdrawn**.

(B) Full approval is the status granted a program of professional nursing after the program has *[graduated one (1) class and has]* met and continues to meet regulations or requirements.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of higher education desiring to establish a program of professional nursing shall submit a petition to the board at least three (3) months prior to the submission of a proposal. Prior to submission of a petition, nursing programs operating under the institution's sponsorship shall meet requirements for full program approval. The petition shall include: the name and location of the sponsoring institution and its accreditation status; the mission statement of the sponsoring institution and the mission statement of the proposed program; the proposed location (and satellites) in relation to the administrative offices of the sponsoring institution; statement of need and feasibility; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program. The statement of need and feasibility shall include:

A. Documentation of the need for the nursing program including community and economic development need, rationale for why the program should be established, and documentation of employers' need for graduates of the proposed program;

B. Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;

C. Number and source of anticipated student population;

D. Letters of support for the proposed nursing program;

E. Letter(s) from potential clinical sites; including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet program objectives and outcomes; and

F. Source of potential qualified faculty and anticipated ratio of faculty to student enrollment. Upon board review of the petition, the board *[shall have]* **has** the authority to approve or deny the petition. The petition shall be accepted by the board prior to submission of a proposal. Revised petitions may be submitted to the board. Each petition shall remain active for no more than one (1) calendar year from the date of review by the board. The board will electronically notify nursing programs of the accepted petition;

2. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;

3. A program proposal shall be written and presented to the board by the administrator of the proposed program. The proposal shall *[be written to reflect compliance]* **comply** with the Minimum Standards for Programs of Professional Nursing as prescribed in 20 CSR 2200-2.050 through 20 CSR 2200-2.130*[. The proposal shall]* **and** bear the signature of the administrator who *[shall]* meet**s** the criteria in 20 CSR 2200-2.060(1)(B) and *[shall be]* **has been** active in the position on a full-time basis at least nine (9) months and preferably one (1) year prior to the entry of the first class. The number of copies of the proposal, as specified by the board, shall be *[accompanied]* **submitted** with the required application fee. Submission of the application fee *[shall]* **will** initiate review of the proposal. The proposal shall be prepared following the reporting format and include**s** each component as indicated in paragraph (4)(A)4. of this rule. The proposal shall remain active for no more than one (1) calendar year from the date of review by the board. No more than two (2) proposal revisions shall be accepted. Members designated by the board *[shall]* **will** review the proposal and make recommendations prior to presentation of the proposal to the board. Board approval of the proposal with or without contingencies shall be obtained no later than six (6) months prior to the anticipated opening date;

4. A proposal submitted shall contain the following information:

A. Curriculum.

(I) Philosophy and/or mission.

(II) Graduate competencies.

(III) Curriculum sequence.

(IV) Course descriptions and objectives with number of credit hours for all courses. **Credit and clock hour allocations specific to theory, lab, and clinical portions shall be included.**

(V) Systematic evaluation plan.

(VI) Evidence of eligibility for articulation of credits related to baccalaureate completion programs;

B. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

(IV) Plan for increase to maximum enrollment, if applicable.

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Appeal policies and procedures.

(VIII) Availability and accessibility of student services;

C. Faculty.

(I) Plan for hiring full-time and part-time theory and clinical faculty. This plan shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment.

(II) Position descriptions;

D. Support services personnel.

(I) Number of full-time and part-time ancillary support services personnel.

(II) Position descriptions;

E. Sponsoring institution.

(I) Evidence of authorization to conduct the program of professional nursing by the governing body of the sponsoring institution.

(II) Evidence of accreditation by an agency recognized by the United States Department of Education.

(III) Current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the proposed program.

(IV) Evidence of financial stability and resources of the sponsoring institution and the program of nursing **to include a sustainability plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes**; and

F. Facilities.

(I) Description of educational facilities to be used by the professional nursing program such as classrooms, library, offices, clinical skills *[laboratory]* **and simulation laboratories**, and other facilities.

(II) Description of planned or available learning resources

to include such items as equipment, supplies, library services, computers, *[and]* **simulation** technology**, and online educational resources to be utilized for instructional purposes**.

(III) Letter(s) from potential clinical sites; including a description of potential clinical sites, average daily patient census and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet program objectives and outcomes.

(IV) A letter of intent from each proposed cooperating agency stating its ability to provide the appropriate educational experiences to meet program objectives and outcomes;

5. Site survey. Representatives from the board *[shall]* **will** make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130; and

6. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130. Initial program approval contingent on the site survey shall remain active for no more than one (1) calendar year prior to program start.

(B) Throughout the period of initial approval, the program shall submit an annual *[survey]* **report, an annual registration, and the annual registration fee as set by the board**.

(C) Upon graduation of the program's first class and receipt of results of the **first official** National Council Licensure Examination for Registered Nurses (NCLEX-RN®) **program pass rate, as reported after completion of the fourth quarter of the respective calendar year**, the board will review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

3. Report of National Council Licensure Examination for Registered Nurses results (see 20 CSR 2200-2.180(1));

4. Identification and analysis of class graduation rate; and

5. Submission of program's ongoing systematic evaluation plan with available data.

(D) After its review, the board shall decide to continue initial approval for a period of not more than one (1) **calendar** year, *[deny]* **withdraw** approval, or grant full approval.

(E) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys on a regular basis throughout the initial approval period. A program may request additional visits. Programs retained on initial approval status will have on-site surveys on an annual basis and as directed by the board.

(F) A program's approval may be withdrawn pursuant to section 335.071.3., RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board will, after notice and hearing, be removed from the board's listing of approved programs.

(5) Full Approval Status.

(A) Annual Report. Each program and each campus of each program shall complete and submit the board's annual *[survey]* **report** by the established deadline. Following review by the board, each program *[shall]* **will** be notified of the board's action(s).

(B) A program's approval status *[shall be]* **is** subject to review by the board if the required annual report**, annual registration, or annual registration fee** is not received within thirty (30) days from the established deadline.

(C) On-Site Surveys. On-site surveys *[shall]* **will** be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each nursing program *[shall]* **will** be surveyed typically at five- (5-) year intervals. If the program is accredited by a national nursing accreditation agency, the nursing program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit. Representatives of the board *[shall]* **will** form a survey team to conduct each on-site survey. Each survey team shall consist of two (2) or more persons qualified to conduct on-site surveys. The program shall solicit public comments in preparation for each *[scheduled]* **routine** on-site survey. Evidence of solicitation of public comments shall be available for review during the on-site survey.

(D) Additional Visits/Surveys. At least two (2) representatives of the board *[shall]* **will** make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(6) Conditional Approval Status.

[(B) Should circumstances be such that instructional quality and integrity of the program is jeopardized, the board may impose a moratorium on student admissions.]

*[(C)]***(B)** A program may be placed on conditional approval status if it has failed to meet or maintain the rules/regulations or requirements, or both, set by the board. The program will remain on conditional approval status until such time as the deficiencies are corrected to the satisfaction of the board.

(C) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys. On-site surveys are conducted on regular basis throughout the conditional approval period as directed by the board. A program may request additional visits.

(7) Moratorium on Student Admissions.

(A) Should circumstances be such that instructional quality and integrity of the program is jeopardized as determined by the board, the board may impose a moratorium on student admissions. A moratorium on student admissions may be imposed by the board during initial, full, and conditional approval status of the program. The moratorium may be lifted by the board upon proof submitted to the board that the program has cured any deficiencies in the instructional quality and integrity of the program.

*[(7)]***(8)** Annual Registration Requirements.

(A) *[An]* **The board will send an** application for annual registration *[shall be sent]* to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee as established in 20 CSR 2200-4.010(1)(F) shall be submitted to the board for each approved program and each campus of each program prior to June 1 of each year. **Satellite locations do not qualify as a campus of an approved program.**

(C) A program's approval status *[shall be]* **is** subject to review by the board if the required registration fee is not received within thirty (30) days of the June 1 deadline.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.010. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.020 Discontinuing and Reopening Programs. The board is amending section (2).

PURPOSE: This amendment establishes a waiting period after closure to initiate the approval process for a new nursing program.

(2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-2.010(4)(A). **An accredited institution of higher education that has lost the board's approval of a nursing program due to deficiencies identified by the board may not petition the board for establishment of a new nursing program for a minimum of one (1) calendar year from the time of the actual date for program closure.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.020. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.030 Change of Sponsorship. The board is amending sections (2) and (3).

PURPOSE: This amendment changes the process for change in sponsorships.

(2) A change in sponsorship form *[provided by the board]* shall be completed and returned **to the board** within thirty (30) days of *[receipt of the form]* **the change in sponsorship**. **Written notification shall include proposed changes to the program**.

(3) *[Any p]***P**roposed changes that affect the criteria included in 20 CSR 2200-2.010(4)(A)1.–4. shall be approved by the board prior to implementation.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.030. This version filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.035 Multiple Campuses. The board is amending sections (2), (3), (4), (5), and (7).

PURPOSE: This amendment clarifies approval of programs with multiple campuses.

(2) Each campus is required to submit a separate annual *[survey]* **report**, annual registration, and annual registration fee.

(3) The sponsoring institution shall submit a proposal as indicated in 20 CSR 2200-2.010(4)(A) and receive approval from the board before opening an additional campus **or expand to additional satellite location(s)**. Each additional campus *[shall]* **and satellite location will** be surveyed.

(4) Each campus **and satellite location** shall have a full-time faculty person designated as the coordinator who reports to the program administrator*[. Each program coordinator shall meet]* **and meets** the faculty requirements for appointment.

(5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program **or other programs under the same institutional sponsorship**. **Discipline of a nursing program will apply to satellite expansion site(s) of the program.**

(7) Satellite locations do not qualify *[as multiple campuses]* **as a campus of an approved program**.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.035. Original rule filed Aug. 6, 1998, effective Feb. 28, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.040 Program Changes Requiring Board Approval, Notification, or Both. The board is amending sections (1) and (5).

PURPOSE: This amendment clarifies program changes which require board approval, notification, or both and required notification of change of status to national nursing accreditation.

(1) Board approval is required for changes of the following:

(C) Increase **in** number of students by enrollment**,** *[or]* transfer, **or readmission** by more than one (1) beyond the number approved by the board;

(D) Pilot program/project; *[and]*

(E) Relocation of the program or any of its components*[.]***; and**

(F) Substantial change in program delivery modalities.

(5) A change in a program's accreditation status by any accrediting body**, to include national nursing accreditors,** shall be submitted in writing to the board within thirty (30) days of the program's notification of such.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.040. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.050 Organization and Administration of an Approved Program of Professional Nursing. The board is amending sections (1), (4), (5), (6), and (7).

PURPOSE: This amendment clarifies requirements for approval of pre-licensure programs of professional nursing.

(1) Philosophy and/or mission of the program shall be in writing and *[shall]* be consistent with the philosophy and/or mission statement of the sponsoring institution.

(4) There will be a faculty governance structure with responsibility for the nursing curriculum and the admission, **readmission,** progression**,** and graduation of students.

(C) Meeting minutes shall reflect faculty decision making within the program. Documentation shall include evidence that program evaluation data are utilized to make program decisions.

(5) The program shall have a current organizational chart(s*)* illustrating the relationship of the program to the sponsoring institution and the **coordinator and** faculty structure within the nursing program.

(6) Finance.

(A) There shall be an annual budget to support the program. **Financial resources shall be sufficient to support program outcomes and operations.**

(C) The administrator, with input from the **coordinators and** faculty, shall make recommendations for the budget.

(7) Clerical Assistance.

(A) Each program **and satellite location** shall have secretarial and other support services sufficient to meet the needs of the program.

*AUTHORITY: sections 335.036 and 335.071, RSMo [2000] **2016**. This rule was originally filed as 4 CSR 200-2.050. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.060 Administrator/Faculty. The board is amending sections (1), (3), (4), and (7).

PURPOSE: This amendment clarifies requirements for program

coordinators, qualifications for faculty involved with clinical simulation, and records to be maintained.

(1) Program Administrator.

(A) The administrator shall have the primary responsibility and the authority for the administration of the nursing program and *[shall]* be employed full-time.

(C) Program administrators with responsibility for two (2) or more *[nursing]* **educational** programs **and/or additional campus and satellite location(s)** shall designate full-time faculty as program coordinators **at each site**. The coordinator's workload shall allow time for day-to-day management of one (1) nursing program **at the home campus, an additional campus, or satellite location** under the direction of the program administrator. Each program coordinator shall meet faculty requirements for appointment.

(3) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to—

(I) Faculty involved in clinical simulation will have documented ongoing professional development in clinical simulation;

*[(I)]***(J)** Participation in the development of program and institutional policies and decision making; and

*[(J)]***(K)** Experienced faculty shall serve as assigned mentors for less seasoned and new faculty. Records of assigned mentors shall be maintained.

(4) Minimum Number of Faculty. One (1) full-time nursing faculty in addition to the program administrator with sufficient faculty to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty. **Records indicating student to faculty ratios in theory, lab, and clinical instruction shall be maintained.**

(7) Employment Policies.

(B) Nursing Program.

1. Personnel policies shall be available in writing and consistent with the sponsoring institution.

2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.

3. A planned orientation shall be in writing and implemented. It shall include review of the Missouri Nursing Practice Act (NPA). **Completed faculty orientation documents shall be maintained.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.060. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.070 Physical Facilities *and Instructional Resources*. The board is amending the title, purpose statement, and section (5).

PURPOSE: This amendment adds simulation resources and expands designated skills for laboratory staff and resources.

*PURPOSE: This rule defines the physical facilities and **instructional** resources required by professional nursing programs.*

(5) Clinical Skills *[Laboratory]* **and Simulation Laboratories**.

(A) Each program and each campus of each program shall have a clinical skills laboratory sufficient to meet learning outcomes. **Instructional resources shall be sufficient to meet program objectives and outcomes. Should clinical simulation be utilized, physical space and resources designated for clinical simulation and debriefing shall be sufficient to meet program outcomes.**

(B) Management of clinical skills *[laboratory shall]* **and simulation laboratories shall** include:

1. Designated faculty **or staff** time to manage skills **and simulation** lab resources;

2. Budget allocation for equipment and supplies;

3. **Sustainability** *[P]***p**lan for acquisition and maintenance of equipment**,** *[and]* supplies**, and emerging instructional technologies**; and

4. Policies and procedures governing the administration and the use of the clinical skills *[laboratory]* **and simulation laboratories**. These policies and procedures shall be in writing and available to students and faculty.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.070. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.080 Clinical *[Sites] Experiences*. The board is

amending the title, purpose statement, and section (1).

PURPOSE: This amendment changes clinical learning by requiring interprofessional clinical experiences.

*PURPOSE: This rule defines selection and use of clinical [sites] **experiences** by the programs of professional nursing [for required student clinical learning experiences].*

(1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(A) *[Observational experiences shall provide learning experiences to meet the course objectives and shall]* **Select interprofessional educational experiences may be utilized to provide learning experiences to meet course and program objectives and outcomes. Clinical personnel with professional licensure or certification in a health-related field may be utilized to augment student learning in their respective areas. Observational/interprofessional experiences may** not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(D) The ratio of faculty to students in the clinical area shall be designed to promote patient safety and to facilitate student learning **with the proper supervision**.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.080. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.085 Preceptors. The board is amending section (1) and subsection (4)(F).

PURPOSE: This rule is being amended to include preceptors in the faculty to student ratio.

(1) Preceptors may be used as role models, mentors, and supervisors of students in professional nursing programs—

[(B) Preceptors are not to be considered when determining the faculty to student ratio;]

*[(C)]***(B)** Preceptors shall not be utilized in fundamentals of nursing courses; and

*[(D)]***(C)** Preceptors shall supervise no more than two (2) students during any given shift. Supervision by a preceptor means that the preceptor is present and available to the student(s) in the clinical setting.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(F) *[Shall meet periodically]* **Periodic meetings** with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.085. Original rule filed May 4, 1993, effective March 10, 1994. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.090 Students. The board is amending sections (1) and (2).

PURPOSE: This amendment changes admission and readmission assessment and tracking and maintaining student data.

(1) Admission, Readmission, and Transfer.

(C) Admission **and readmission** criteria shall reflect consideration of*[:]*—

1. Potential to complete the program; *[and]*

2. Ability to meet the standards to apply for licensure (see sections 335.046.1 and 335.066, RSMo)*[.]*;

3. Policies for admission and readmission shall be stated in writing and accessible to applicants, students, and faculty. Time limits for acceptance of credits earned during prior enrollment(s) should be stated. Potential to complete the program shall be reassessed prior to readmission to the program. Documented evidence is to be maintained; and

4. Program admission, readmission, retention, and graduation data shall be tracked. Documented evidence of such data is to be maintained.

(2) Student Services.

(C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students. **Academic advisement records are to be maintained.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.090. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.100 Educational Program. The board is amending the purpose statement, sections (1), (2), (3), and (4), deleting old and adding new section (5).

PURPOSE: This amendment better defines and clarifies required learning experiences in clinical settings, provides increased detail related to instructional clock and credit hours required for completion of the nursing program and updates requirements for distance learning.

*PURPOSE: This rule defines the educational program, curriculum plan and requirements, **simulation,** and distance education requirements for programs of professional nursing.*

(1) General Purpose.

(C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and/or mission and graduate competencies and *[shall]* demonstrate logical progression.

(D) The educational program shall provide clinical education to facilitate transition to professional nursing practice **with focus on clinical decision making, leadership, and management**.

(E) A nursing program that uses clinical simulation shall adhere to model standards of best practice.

(2) Curriculum Organization and Development.

(C) Curriculum design of programs of professional nursing shall foster seamless **academic** articulation *[toward Bachelor of Science in Nursing (B.S.N.) completion]*.

(D) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory**, lab,** and clinical *[hours/credits/units to permit achievement of graduate competencies and program outcomes]*. **The curriculum plan shall indicate credit and clock hours allocated to theory, lab, and clinical instruction.**

(3) Curriculum Requirements. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Coursework shall include, but is not limited to:

(A) Content in the biological, physical, social, and behavioral sciences to provide a foundation for competent, safe, and effective **professional** nursing practice;

(B) Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and in a variety of clinical settings **or simulation**, to include:

1. Using information technology to communicate, manage knowledge, mitigate error, and support decision-making;
2. Employing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care;
3. Considering moral, legal, and ethical standards in decision-making processes;
4. Understanding quality improvement processes to measure patient outcomes, identify hazards and errors, and develop changes in processes of patient care;
5. Considering the impact of policy and finance of the health-care system;
6. Involving patients in decision-making and care management;
7. Coordinating and managing continuous patient care;
8. Promoting healthy lifestyles for patient and populations;
9. Working in interdisciplinary teams to cooperate, collaborate, communicate, and integrate patient care and health promotion; and
10. Providing patient-centered culturally sensitive care with focus on respect for patient differences, values, preferences, and expressed needs.

(4) Syllabus Construction. Syllabi shall be current and available to all faculty, students, and cooperating agencies. Each syllabus shall include:

(A) Course title, current date and year the course is offered, and required pre-requisites;

*[(A)]***(B)** Course description;

*[(B)]***(C)** Course objectives;

*[(C)]***(D)** Teaching or learning strategies;

*[(D)]***(E)** Evaluation methodologies;

*[(E)]***(F)** Grading scale;

*[(F)]***(G)** Course policies; and

*[(G)]***(H)** Clock *[or]* **and** credit hour requirements related to theory, lab, and clinical instruction.

[(5) Distance Education. Courses/programs of study that utilize distance education shall have—

(A) A course management/delivery platform that is reliable and navigable for students and faculty;

(B) Budgetary support;

(C) Collaborative and interactive learning activities that assist the student in achieving course objectives;

(D) Clinical courses shall be faculty supervised and include direct patient care activities with faculty oversight;

(E) Learning and technology resources, to include library resources, that are selected with input of the faculty and are comprehensive, current, and accessible to faculty and students;

(F) Technical support services for faculty and students;

(G) Access to appropriate and equivalent student services;

(H) Faculty and student input into the evaluation process; and

(I) Recurring interaction between faculty and students.]

(5) Distance Learning Measures and Opportunities.

(A) Nursing programs delivered solely or in part through distance learning technologies shall meet the same academic program and learning standards as programs provided in face-to-face format, to include the following:

1. Budgetary support specific to distant learning resources;

2. Course management/delivery platform(s) that are reliable and navigable for students and faculty;

3. Sufficient technical support to assist students and faculty to consistently meet program outcomes;

4. Learning and technology resources, to include library resources, that are selected with input of the nursing faculty and are comprehensive, current, and accessible to students and faculty;

5. Student outcomes consistent with stated mission, goals, and objectives of the program;

6. Collaborative and interactive learning activities that assist students in achieving course objectives;

7. Planned, faculty-guided clinical learning experiences that involve direct contact with patients;

8. Learning opportunities that facilitate development of students' clinical competence and judgment, professional role socialization, and transition to a more advanced scope of professional nursing practice;

9. Evaluation of student outcomes at set intervals;

10. Tracking of student retention and completion rates on an ongoing basis;

11. Faculty and student input into the evaluation process; and

12. Evidence that outcome data are consistently utilized to plan and improve distance learning.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.100. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.110 Records. The board is amending section (1).

PURPOSE: This amendment changes "graduate record" to read "official record."

(1) Transcripts.

(B) The official transcript shall identify the following:

1. Date of admission, date of separation from the program, hours/credits/units earned, and the diploma/degree awarded; and

2. Transferred credits, including course titles and credits earned. Name and location of the credit-granting institution shall be maintained as part of *[graduate]* **official** records.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.110. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.120 Publications. The board is amending sections (3) and (4).

PURPOSE: This amendment adds accreditation status and distance learning to be included in publications published by programs of professional nursing.

(3) The following information shall be available to the applicant **by electronic or print publications** prior to admission:

(B) National nursing accreditation status, if applicable;

*[(B)]***(C)** Admission criteria;

*[(C)]***(D)** Section 335.066, RSMo, of the Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;

*[(D)]***(E)** Advanced placement policies;

*[(E)]***(F)** Student services;

*[(F)]***(G)** Curriculum plan;

*[(G)]***(H)** Program costs;

*[(H)]***(I)** Refund policy; *[and]*

*[(I)]***(J)** Financial assistance*[.]*; **and**

(K) Distance learning measures and opportunities.

(4) The following information shall be available to the student *[in writing]* **by electronic or print publications** upon entry:

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.120. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.130 Program Evaluation. The board is amending section (2).

PURPOSE: This amendment clarifies requirements for evaluating a professional nursing program.

(2) Systematic evaluation of the program shall include evaluation of the following:

(A) Student achievement of **course objectives, graduate competencies, and** program outcomes;

(B) Adequacy of program resources to include, but not limited to, fiscal, human, **physical,** and technical learning resources;

(C) **Theory and** *[C]***clinical experiences to include, but not limited to, evaluation of:

1. Clinical sites by students and faculty;

2. Simulation activities by students and faculty;

*[2.]***3.** Course and faculty by students; and

*[3.]***4.** Students and faculty by representative(s) of clinical site(s); and

(D) Multiple measures of program outcomes to include, but not limited to, National Council Licensure Examination (NCLEX) pass rates, graduation and job placement rates, *[and]* graduate*[/]* **and** employer satisfaction with program preparation for new graduates at six (6) **to twelve (12)** months *[or more]* after graduation.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.130. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.180 Licensure Examination Performance. The board is adding a new section (3) and amending new sections (4) and (5).

PURPOSE: This amendment clarifies impact of licensure examination performance according to each level of program approval.

(3) Initial Program Approval—

(A) Upon graduation of the first student cohort and reporting of the first official NCLEX-RN® program pass rate, as reported upon completion of the fourth quarter of the respective calendar year, the board will review current licensure examination performance of first-time candidates. Pursuant to 20 CSR 2200-2.180(1) licensure examination performance for first-time candidates shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31);

(B) Should the required eighty percent (80%) benchmark not be attained and significant deficiencies identified, the board may apply an immediate moratorium on admissions pursuant to 20 CSR 2200-2.010(7)(A);

(C) The nursing program with a pass rate lower than eighty percent (80%) shall provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate, and plan of correction to resolve the low pass rate. The plan of correction is to be submitted to the board by the deadline indicated. The plan of correction shall include:

1. Mission or philosophy of the nursing program;

2. Program governance as defined in 20 CSR 2200-2.050(5);

3. General faculty resources and workload;

4. Student support services;

5. Program admission, progression, and graduation policies;

6. Program completion rates for each year of program operation, as applicable;

7. National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates for each year of program operation, as applicable;

8. Job placement rates for each year of program operation, as applicable;

9. Program satisfaction, to include student, graduate, and employer data, as applicable;

10. Number of nursing faculty teaching on full-time and part-time basis, to include part-time clinical faculty;

11. Use of systematic program evaluation data related to program planning and improvement; and

12. Measures put in place to restore instructional quality and integrity of the program;

(D) The program administrator shall appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may accept the plan of correction and decide to continue initial approval for a period of no more than one (1) calendar year, may apply a moratorium on admissions pursuant to 20 CSR 2200-2.010(7)(A) or may withdraw approval pursuant to section 335.071.3, RSMo;

(E) With an NCLEX-RN® pass rate below eighty percent (80%), a program shall have at minimum two (2) consecutive calendar years of NCLEX-RN® pass rates at or above the required eighty percent (80%) to move to full approval; and

(F) If the nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-RN® pass rates remain below eighty percent (80%) for a second consecutive year, the board will withdraw approval pursuant to section 335.071.3, RSMo.

(4) Full Program Approval—

*[(3)]***(A)** The nursing program with a pass rate lower than eighty percent (80%) shall*[:]***—**

*[(A)]***1.** First year—Provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate**,** and plan of correction to resolve low pass rate. **The plan of correction shall be submitted to the board by the deadline indicated.** The plan of correction shall include:

*[1.]***A.** Mission or philosophy of the nursing program;

*[2.]***B.** Program governance as defined in 20 CSR 2200-2.050(5);

*[3.]***C.** General faculty resources and workload;

*[4.]***D.** Student support services;

*[5.]***E.** Program admission, progression, and graduation policies;

*[6.]***F.** Program *[graduation]* **completion** rates for the last five (5) years;

*[7.]***G.** National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates for the last five (5) years;

*[8.]***H.** Job placement rates for the last five (5) years;

*[9.]***I.** Program satisfaction, to include student, graduate, and employer data;

*[10.]***J.** Number of nursing faculty teaching on full-time and part-time basis; to include part-time clinical faculty and faculty on contingent approval; *[and]*

*[11.]***K.** Use of systematic program evaluation data related to program planning and improvement; **and**

L. Measures put in place to restore instructional quality and integrity of the program;

*[(B)]***2.** Second consecutive year—The program may be placed on conditional approval status. The program administrator *[will be required to]* **shall** appear before and present to the board **the current plan of correction, which includes** a current analysis of program effectiveness, problems identified, and plans of correction; **and**

*[(C)]***3.** Side-by-side comparison of first-year and second-year analyses of program effectiveness shall be included*[;]***. The plan of correction shall be submitted to the board by the deadline indicated.**

(5) Conditional Program Approval.

*[(D)]***(A)** The nursing program placed on conditional approval shall remain on conditional approval (as per 20 CSR 2200-2.010(6)) until it has two (2) consecutive years of pass rates of at least eighty percent (80%) or until the board removes approval pursuant to section 335.071.3*[.]*, RSMo*[; and]*.

(B) The nursing program shall provide a side-by-side comparison of plans of correction that includes program analyses for each consecutive year that NCLEX-RN® pass rates remain below eighty percent (80%). Each year the program administrator shall appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may, at any time, apply a moratorium on student admissions pursuant to 20 CSR 2200-2.010(7)(A).

*[(E)]***(C)** If, after two (2) years *[of]* **on** conditional approval, a nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-RN® pass rates remain below eighty percent (80%), the board *[shall]* **will** withdraw approval pursuant to section 335.071.3*[.]*, RSMo.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.180. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.001 Definitions. The board is amending subsection (1)(K), adding new subsections (1)(R), (1)(EE), (1)(MM), (1)(PP), and (1)(UU), and relettering as necessary.

PURPOSE: This amendment adds and amends definitions to keep language within the Minimum Standards for Programs of Professional Nursing internally congruent.

(1) When used in 20 CSR 2200-3, the following terms mean:

(K) Clinical simulation—*[An educational experience that creates realistic scenarios where students engage in nursing practice under the direction of nursing faculty;]* **Any activity that models direct patient care in a controlled environment, led by a qualified facilitator with oversight by nursing faculty. Activities include assessment, competencies, terminology, evaluation, and debriefing, based on standards of best nursing practice. The purpose of simulation as a teaching pedagogy is to mimic and practice competencies not able to be acquired in a clinical setting or to augment direct patient care experiences;**

(R) Debriefing—An activity that follows a simulation experience that encourages participant's reflective thinking, and provides feedback regarding the participant's performance;

*[(R)]***(S)** Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;

*[(S)]***(T)** Distance learning—Curriculum provided from a main campus location to another geographic location primarily through electronic or other technological methods;

*[(T)]***(U)** Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory, or country;

*[(U)]***(V)** Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation, and evaluation of philosophy and/or mission, objectives, and curriculum of nursing program;

*[(V)]***(W)** Full-time—Those individuals deemed by sponsoring institution to meet definition for full-time employment;

*[(W)]***(X)** Governing body—Body authorized to establish and monitor policies and assume responsibility for the educational programs;

*[(X)]***(Y)** Graduate competency—Individual graduate behaviors;

*[(Y)]***(Z)** Initial approval—Status granted a program of practical nursing until full approval status is granted or denied;

*[(Z)]***(AA)** Information technology—The study designed for development, implementation, support, or management of computer-based information systems, particularly software applications and computer hardware;

*[(AA)]***(BB)** Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;

*[(BB)]***(CC)** Mission—Overall statement of purpose that faculty accept as valid and is directly related to curriculum practices;

*[(CC)]***(DD)** Multiple campuses—Distinct and separate geographic locations offering the same program, providing the same services, and operated by the same sponsoring institution;

(EE) National Nursing Accreditation—Accreditation by a national agency specific to nursing education that is recognized by the board;

*[(DD)]***(FF)** NCLEX-PN® examination—National Council Licensure Examination for Practical Nurses;

*[(EE)]***(GG)** Objectives—Measurable statements describing anticipated outcomes of learning;

*[(FF)]***(HH)** Observational experiences—Planned learning experiences designed to assist students to meet course objectives through observation;

*[(GG)]***(II)** Part-time—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;

*[(HH)]***(JJ)** Philosophy—A composite of the beliefs that the faculty accept as valid and is directly related to curriculum practices;

*[(II)]***(KK)** Pilot program/project—Educational activity which has board approval for a limited time and which otherwise would be out of compliance with minimum standards;

*[(JJ)]***(LL)** Preceptor—Registered professional or licensed practical nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;

(MM) Pre-licensure—Initial educational program in nursing leading to entry-level licensure;

*[(KK)]***(NN)** Program—Course of study leading to a diploma or certificate;

*[(LL)]***(OO)** Program outcomes—Measurable statements defining aggregate student achievements;

(PP) Proper supervision—The general overseeing and the authorizing to direct in any given situation including, but not limited to: orientation, initial and ongoing direction, procedural guidance, periodic inspection, and evaluations;

*[(MM)]***(QQ)** Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;

*[(NN)]***(RR)** Satellite location—A site geographically separate from but administered and served by a primary program campus;

*[(OO)]***(SS)** Sponsoring institution—The institution that is financially and legally responsible for the nursing program;

*[(PP)]***(TT)** Statement of need and feasibility—Current evidence of need for professional and practical nurses, additional nursing program(s), and community support;

(UU) Sustainability plan—A plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

*[(QQ)]***(VV)** Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and

*[(RR)]***(WW)** Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency, which designates each party's responsibilities for education of nursing students.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.001. Original rule filed March 25, 1993, effective Dec. 9, 1993. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.010 Approval. The board is amending sections (3), (4), (5), (6), and (8), adding new section (7), and renumbering as necessary.

PURPOSE: This amendment clarifies the approval process for programs of practical nursing.

(3) Classification of Approval.

(A) Initial approval is the status granted a program of practical nursing until full approval is granted or *[denied]* **approval is withdrawn**.

(B) Full approval is the status granted a program of practical nursing after the program has *[graduated one (1) class and has]* met and continues to meet regulations or requirements.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of education desiring to establish a program of practical nursing shall submit a petition to the board at least three (3) months prior to the submission of a proposal. Prior to submission of a petition, nursing programs operating under the institution's sponsorship shall meet requirements for full program approval. The petition shall include: the name and location of the sponsoring institution and its accreditation status; the mission statement of the sponsoring institution and the mission statement of the proposed program; the proposed location (and satellites) in relation to the administrative office of the sponsoring institution; statement of need and feasibility; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program.

A. The statement of need and feasibility shall include:

(I) Documentation of the need for the nursing program including community and economic development need, rationale for why the program should be established, and documentation of employers' need for graduates of the proposed program;

(II) Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;

(III) Number and source of anticipated student population;

(IV) Letters of support for the proposed nursing program;

(V) Letter(s) from potential clinical sites*[;]***,** including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential student(s) in addition to those of existing nursing programs to meet program objectives and outcomes; and

(VI) Source of potential qualified faculty and anticipated ratio of faculty to student enrollment.

B. Upon board review of the petition, the board *[shall have]* **has** the authority to *[accept]* **approve** or deny the petition. The petition shall be accepted by the board prior to submission of a proposal. Revised petitions may be submitted to the board. Each petition shall remain active for no more than one (1) calendar year from the date of review by the board.

C. The board will electronically notify nursing programs of the accepted petition;

2. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;

3. A program proposal shall be written and presented to the board by the program administrator of the proposed program. The proposal shall *[be written to reflect compliance]* **comply** with the Minimum Standards for Program of Practical Nursing as prescribed in 20 CSR 2200-3.050 through 20 CSR 2200-3.130*[. The proposal shall]* **and** bear the signature of the administrator who *[shall]* meet**s** the criteria in 20 CSR 2200-3.060(1)(B) and *[shall be]* **has been** active in the position on a full-time basis for at least nine (9) months and preferably one (1) year prior to the entry of the first class. The number of copies of the proposal, as specified by the board, shall be *[accompanied]* **submitted** with the required application fee. Submission of the application fee *[shall]* **will** initiate review of the proposal. The proposal shall be prepared following the reporting format and include**s** each component as indicated in paragraph (4)(A)4. of this rule. The proposal shall remain active for no more than one (1) calendar year from the date of *[receipt at]* **review by** the board *[office]*. No more than two (2) proposal revisions shall be accepted. Members designated by the board *[shall]* **will** review the proposal and make recommendations **prior to presentation of the proposal** to the board. Board approval of the proposal with or without contingencies shall be obtained no later than six (6) months prior to the anticipated opening date;

4. A proposal submitted shall contain the following information:

A. Curriculum.

(I) Philosophy and/or mission.

(II) Graduate competencies.

(III) Curriculum sequence.

(IV) Course descriptions and objectives with number of credit hours or clock hours for all courses. **Credit or clock hour allocations specific to theory, lab, and clinical portions shall be included. If utilized, credit hours allocated to theory, lab, and clinical instruction shall be included.**

(V) Systematic evaluation plan.

(VI) Evidence of eligibility for articulation of credits related to completion of a program of professional nursing;

B. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

(IV) Plan for increase to maximum enrollment, if applicable.

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Appeal policies and procedures.

(VIII) Availability and accessibility of student services;

C. Faculty.

(I) Plan for hiring full-time and part-time theory and clinical faculty. This **plan** shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment.

(II) Position descriptions;

D. Support services personnel.

(I) Number of full-time and part-time ancillary support services personnel.

(II) Position descriptions;

E. Sponsoring institution.

(I) Evidence of authorization to conduct the program of practical nursing by the governing body of the sponsoring institution.

(II) Evidence of accreditation by an agency recognized by the United States Department of Education.

(III) Current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the proposed program.

(IV) Evidence of financial stability and resources of the sponsoring institution and the program of nursing **to include a sustainability plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes**; and

F. Facilities.

(I) Description of educational facilities to be used by the practical nursing program such as classrooms, library, offices, clinical skills *[laboratory]***, and simulation laboratories**, and other facilities.

(II) Description of planned or available learning resources to include such items as equipment, supplies, library services, computers, *[and]* **simulation** technology**, and online educational resources to be utilized for instructional purposes**.

(III) Letter(s) from potential clinical site; including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet program objectives and outcomes.

(IV) A letter of intent from each proposed cooperating agency stating its ability to provide the appropriate educational experiences to meet program objectives and outcomes;

5. Site survey. Representatives from the board *[shall]* **will** make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-3.050 through 20 CSR 2200-3.130; and

6. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-3.050 through 20 CSR 2200-3.130. Initial program approval contingent on the site survey shall remain active for no more than one (1) calendar year prior to program start.

(B) Throughout the period of initial approval, the program shall submit an annual *[survey]* **report, an annual registration, and the annual registration fee as set by the board**.

(C) Upon graduation of the program's first class and receipt of results of the **first official** National Council Licensure Examination for Practical Nurses (NCLEX-PN® examination) **program pass rate, as reported after completion of the fourth quarter of the respective calendar year**, the board *[shall]* **will** review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

3. Report of the National Council Licensure Examination for Practical Nurses results (as per 20 CSR 2200-3.180(1));

4. Identification and analysis of class graduation rate; and

5. Submission of program's ongoing systematic evaluation plan with available data.

(D) After its review, the board shall decide to continue initial approval for a period of not more than one (1) **calendar** year, *[deny]* **withdraw** approval, or grant full approval.

(E) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys. On-site surveys will be made on a regular basis throughout the initial approval period. A program may request additional visits. Programs retained on initial approval status will have on-site surveys on an annual basis and

as directed by the board.

(F) A program's approval may be withdrawn pursuant to section 335.071.3, RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board will, after notice and hearing, be removed from the board's listing of approved programs.

(5) Full Approval Status.

(A) Annual Report. Each program and each campus of each program shall complete and submit the board's annual *[survey]* **report** by the established deadline. Following review by the board, each program *[shall]* **will** be notified of the board's action(s).

(B) A program's approval status *[shall be]* **is** subject to review by the board if the required annual report**, annual registration, or annual registration fee** is not received within thirty (30) days from the established deadline.

(C) On-Site Surveys. On-site surveys *[shall]* **will** be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each nursing program *[shall]* **will** be surveyed typically at five- (5-) year intervals. If the program is accredited by a national nursing accreditation agency, the nursing program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit. Representatives of the board *[shall]* **will** form a survey team to conduct each on-site survey. Each survey team shall consist of two (2) or more persons qualified to conduct on-site surveys. The program shall solicit public comments in preparation for each *[scheduled]* **routine** on-site survey. Evidence of solicitation of public comments shall be available for review during the on-site survey.

(D) Additional Visits/Surveys. At least two (2) representatives of the board *[shall]* **will** make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(6) Conditional Approval Status.

(A) Should circumstances warrant, the board will notify the program administrator of concerns regarding the program and the administrator will be requested to respond to those concerns.

[(B) Should circumstances be such that instructional quality and integrity of the program is jeopardized, the board may impose a moratorium on student admissions.]

*[(C)]***(B)** A program may be placed on conditional approval status if it has failed to meet or maintain the rules/regulations or requirements, or both, set by the board. The program will remain on conditional approval status until such time as the deficiencies are corrected to the satisfaction of the board.

(C) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys. On-site surveys are conducted on a regular basis throughout the conditional approval period as directed by the board. A program may request additional visits.

(7) Moratorium on Student Admissions.

(A) Should circumstances be such that instructional quality and integrity for the program is jeopardized as determined by the board, the board may impose a moratorium on student admissions. A moratorium on student admissions may be imposed by the board during initial, full, and conditional approval status of the program. The moratorium may be lifted by the board upon proof submitted to the board that the program has cured any deficiencies in the instructional quality and integrity of the program.

*[(7)]***(8)** Annual Registration Requirements.

(A) *[An]* **The board will send an** application for annual registration *[shall be sent]* to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee as established by 20 CSR 2200-4.010 shall be submitted to the board for each approved program and each campus of each program prior to June 1 of each year. **Satellite locations do not qualify as a campus of an approved program.**

(C) A program's approval status *[shall be]* **is** subject to review by the board if the required registration fee is not received within thirty (30) days following the June 1 deadline.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.010. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.020 Discontinuing and Reopening Programs. The board is amending section (2).

PURPOSE: This amendment establishes a waiting period after closure to initiate the approval process for a new nursing program.

(2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-3.010(4)(A). **An accredited institution of education that has lost the board's approval of a nursing program due to deficiencies identified by the board may not petition the board for establishment of a new nursing program for a minimum of one (1) calendar year from the time of the actual date for program closure.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.020. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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*Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.030 Change in Sponsorship. The board is amending sections (2) and (3).

PURPOSE: This rule defines the procedure for a change of sponsorship of a practical nursing program.

(2) A change in sponsorship form *[provided by the board]* shall be completed and returned **to the board** within thirty (30) days of *[receipt of the form]* **the change in sponsorship. Written notification shall include proposed changes to the program**.

(3) *[Any p]***P**roposed changes that affect the criteria included in 20 CSR 2200-3.010(4)(A)1.–4. shall be approved by the board prior to implementation.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.030. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.035 Multiple Campuses. The board is amending sections (2), (3), (4), (5), and (7).

PURPOSE: This amendment clarifies approval of programs with multiple campuses.

(2) Each campus is required to submit a separate annual *[survey]* **report**, annual registration, and annual registration fee.

(3) The sponsoring institution shall submit a proposal as indicated in 20 CSR 2200-3.010(4)(A) and receive approval from the board before opening an additional campus **or expand to additional satellite location(s)**. Each additional campus *[shall]* **and satellite location will** be surveyed.

(4) Each campus **and satellite location** shall have a full-time faculty person designated as the coordinator who reports to the program administrator*[. Each program coordinator shall meet]* **and meets** the faculty requirements for appointment.

(5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program **or other programs under the same institutional sponsorship**. **Discipline of a nursing program will apply to satellite expansion site(s) of the program.**

(7) Satellite locations do not qualify *[as multiple campuses]* **as a campus of an approved program**.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.035. Original rule filed March 25, 1993, effective Dec. 9, 1993. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.040 Program Changes Requiring Board Approval, Notification, or Both. The board is amending sections (1) and (5).

PURPOSE: This amendment clarifies program changes which require board approval, notification, or both and required notification of change of status to national nursing accreditation.

(1) Board approval is required for changes of the following:

(C) Increase **in** number of students by enrollment *[or]***,** transfer, **or readmission** by more than one (1) beyond the number approved by the board;

(D) Pilot program/project; *[and]*

(E) Relocation of the program or any of its components*[.]***; and**

(F) Substantial change in program delivery modalities.

(5) A change in a program's accreditation status by any accrediting

body**, to include national nursing accreditors,** shall be submitted in writing to the board within thirty (30) days of the program's notification of such.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.040. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.050 Organization and Administration of an Approved Program of Practical Nursing. The board is amending sections (1), (4), (5), (6), and (7).

PURPOSE: This amendment clarifies requirements for approval of pre-licensure programs of professional nursing.

(1) Philosophy and/or mission of the program shall be in writing and *[shall]* be consistent with the philosophy and/or mission statement of the sponsoring institution.

(4) There will be a faculty governance structure with responsibility for the nursing curriculum and the admission, **readmission,** progression and graduation of students.

(C) Meeting minutes shall reflect faculty decision making within the program. Documentation shall include evidence that program evaluation data are utilized to make program decisions.

(5) The program shall have a current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the **coordinator and** faculty structure within the nursing program.

(6) Finance.

(A) There shall be an annual budget to support the program. **Financial resources shall be sufficient to support program outcomes and operation.**

(C) The administrator, with input from the **coordinators and** faculty, shall make recommendations for the budget.

(7) Clerical Assistance.

(A) Each program **and satellite location** shall have secretarial and other support services sufficient to meet the needs of the program.

*AUTHORITY: sections 335.036 and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.050. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.060 Administrator/Faculty. The board is amending sections (1), (3), (4), and (7).

PURPOSE: This amendment clarifies requirements for program coordinators, qualifications for faculty involved with clinical simulation, and records to be maintained.

(1) Program Administrator.

(A) The administrator shall have primary responsibility and the authority for the administration of the nursing program and *[shall]* be employed full-time.

(C) Program administrators with responsibility for two (2) or more *[nursing]* **educational** programs **and/or additional campus and satellite location(s)** shall designate full-time faculty as program coordinators **at each site**. The coordinator's workload shall allow time for day-to-day management of one (1) nursing program **at the home campus, an additional campus or satellite location** under the direction of the program administrator. Each program coordinator shall meet faculty requirements for appointment.

(3) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to—

(I) Faculty involved in clinical simulation will have documented ongoing professional development in clinical simulation;

*[(I)]***(J)** Participation in the development of program and institutional policies and decision making; and

*[(J)]***(K)** Experienced faculty shall serve as assigned mentors for less seasoned and new faculty. Records of assigned mentors shall be maintained.

(4) Minimum Number of Faculty. One (1) full-time nursing faculty in addition to the program administrator with sufficient faculty to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty. **Records indicating student to faculty ratios in theory, lab, and clinical instruction shall be maintained.**

(7) Employment Policies.

(B) Nursing Program.

1. Personnel policies shall be available in writing and consistent with the sponsoring institution.

2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.

3. A planned orientation shall be in writing and implemented. It shall include a review of the Missouri Nursing Practice Act (NPA). **Completed faculty orientation documents shall be maintained.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.060. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.070 Physical Facilities *and Instructional Resources*. The board is amending the title, purpose statement, and section (5).

PURPOSE: This amendment adds simulation resources and expands designated skills for laboratory staff and resources.

*PURPOSE: This rule defines the physical facilities and **instructional** resources required by practical nursing programs.*

(5) Clinical Skills *[Laboratory]* **and Simulation Laboratories**.

(A) Each program and each campus of each program shall have a clinical skills laboratory sufficient to meet learning outcomes. **Instructional resources shall be sufficient to meet program objectives and outcomes. Should clinical simulation be utilized, physical space and resources designated for clinical simulation and debriefing shall be sufficient to meet program outcomes.**

(B) Management of clinical skills *[laboratory shall]* **and simulation laboratories shall** include:

1. Designated faculty **or staff** time to manage skills **and simulation** lab resources;

2. Budget allocation for equipment and supplies;

3. **Sustainability** *[P]***p**lan for acquisition and maintenance of equipment *[and]***,** supplies**, and emerging instructional technologies**; and

4. Policies and procedures governing the administration and the use of the clinical skills *[laboratory]* **and simulation laboratories**. These policies and procedures shall be in writing and available to students and faculty.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.070. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.080 Clinical *[Sites] Experiences*. The board is amending the title, purpose statement, and section (1).

PURPOSE: This amendment changes clinical learning by requiring interprofessional clinical experiences.

*PURPOSE: This rule defines selection and use of clinical [sites] **experiences** by the practical nursing program [for required student clinical learning experiences].*

(1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(A) *[Observational experiences shall provide learning experiences to meet the course objectives and shall]* **Select interprofessional educational experiences may be utilized to provide learning experiences to meet course and program objectives and outcomes. Clinical personnel with professional licensure or certification in a health-related field may be utilized to augment student learning in their respective areas. Observational/interprofessional experiences may** not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(D) The ratio of faculty to students in the clinical area shall be designed to promote patient safety and to facilitate student learning **with the proper supervision**.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.080. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500)

in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.085 Preceptors. The board is amending section (1) and subsection (4)(F).

PURPOSE: This rule is being amended to include preceptors in the faculty to student ratio.

(1) Preceptors may be used as role models, mentors, and supervisors of students in practical nursing programs.

[(B) Preceptors are not to be considered when determining the faculty to student ratio;]

*[(C)]***(B)** Preceptors shall not be utilized in fundamentals of nursing courses.

*[(D)]***(C)** Preceptors shall supervise no more than two (2) students during any given shift. Supervision by a preceptor means that the preceptor is present and available to the student(s) in the clinical setting.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(F) *[Shall meet periodically]* **Periodic meetings** with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.085. Original rule filed Aug. 6, 1998, effective Feb. 28, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.090 Students. The board is amending subsections (1)(C) and (2)(C).

PURPOSE: This amendment changes admission and readmission assessment and tracking and maintaining student data.

(1) Admission, Readmission, and Transfer.

(C) Admission **and readmission** criteria shall reflect consideration of:

1. Potential to complete the program; *[and]*
2. Ability to meet the standards to apply for licensure (see sections 335.046.2, RSMo, and 335.066, RSMo)*[.]***;**

3. Policies for admission and readmission shall be stated in writing and accessible to applicants, students, and faculty. Time limits for acceptance of credits earned during prior enrollment(s) should be stated. Potential to complete the program shall be reassessed prior to readmission to the program. Documented evidence shall be maintained; and

4. Program admission, readmission, retention, and graduation data shall be tracked. Documented evidence of such data is to be maintained.

(2) Student Services.

(C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students. **Academic advisement records shall be maintained.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.090. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.100 Educational Program. The board is amending

the purpose statement and sections (1), (2), (3), and (4) and replacing section (5).

PURPOSE: This amendment better defines and clarifies required learning experiences in clinical settings, provides increased detail related to instructional clock and credit hours required for completion of the nursing program, and updates requirements for distance learning.

PURPOSE: This rule defines the educational program, curriculum plan and requirements, ***simulation,*** *and distance education requirements for programs of practical nursing.*

(1) General Purpose.

(C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and/or mission and graduate competencies of the program and *[shall]* demonstrate logical progression.

(D) The educational program shall provide clinical education to facilitate transition to practice as a practical nurse**, which includes clinical decision making, leadership, and management under the supervision of a registered nurse or a physician**.

(E) A nursing program that uses clinical simulation shall adhere to model standards of best practice.

(2) Curriculum Organization and Development.

(C) Curriculum design of programs of practical nursing shall foster seamless **academic** articulation toward a program of professional nursing.

(D) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory**, lab,** and clinical *[hours/credits/units to permit achievement of graduate competencies and program outcomes]*. **The curriculum plan shall indicate credit hours, if utilized, and clock hours allocated to theory, lab, and clinical instruction.**

(F) The number of credit **or clock** hours required for completion of the nursing program *[shall]* **may** not exceed the number of credit hours required for a comparable *[degree]* program.

(3) Curriculum Requirements. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Instruction shall be provided in the following areas:

(D) Nursing Science. Theory and clinical instruction in nursing shall be based on the nursing process and encompass the promotion, maintenance, and restoration of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle. Content shall enable the student to develop competency in each of the following areas **while preparing for safe and effective practice as a practical nurse**:

1. Fundamentals of nursing;
2. Nursing of adults;
3. Nursing of children;
4. Nursing of the elderly;
5. Maternal and newborn nursing;
6. Mental health concepts;
7. Administration of medications;
8. IV therapy;
9. Leadership/management concepts, to include coordinating and managing continuous patient care;
10. Evidence-based practice;
11. Patient-centered care, to include respect for patient differences, values, preferences, and expressed needs;
12. Patient safety;
13. Quality of care; and
14. Use of information technology to communicate, manage knowledge, mitigate error, and support decision making;

(4) Syllabus Construction. Syllabi shall be current and available to all faculty, students, and cooperating agencies. Each syllabus shall include:

(A) Course title, current date and year the course is offered, and required pre-requisites;

*[(A)]***(B)** Course description;

*[(B)]***(C)** Course objectives;

*[(C)]***(D)** Teaching or learning strategies;

*[(D)]***(E)** Evaluation methodologies;

*[(E)]***(F)** Grading scale;

*[(F)]***(G)** Course policies; and

*[(G)]***(H)** Clock *[or credit]* hour requirements related to theory, lab, and clinical instruction. **Each syllabus should reflect credit hour requirements for theory, lab, and clinical instruction, if used.**

[(5) Distance Education. Courses/programs of study that utilize distance education shall have—

(A) A course management/delivery platform that is reliable and navigable for students and faculty;

(B) Budgetary support;

(C) Collaborative and interactive learning activities that assist the student in achieving course objectives;

(D) Clinical courses shall be faculty supervised and include direct patient care activities with faculty oversight;

(E) Learning and technology resources, to include library resources, that are selected with input of the faculty and are comprehensive, current, and accessible to faculty and students;

(F) Technical support services for faculty and students;

(G) Access to appropriate and equivalent student services;

(H) Faculty and student input into the evaluation process; and

(I) Recurring interaction between faculty and students.]

(5) Distance Learning Measures and Opportunities.

(A) Nursing programs delivered solely or in part through distance learning technologies shall meet the same academic program and learning standards as programs provided in face-to-face format, to include the following:

1. Budgetary support specific to distance learning resources;

2. Course management/delivery platform(s) that are reliable and navigable for students and faculty;

3. Sufficient technical support to assist students and faculty to consistently meet program outcomes;

4. Learning and technology resources, to include library resources, that are selected with input of the nursing faculty and are comprehensive, current, and accessible to students and faculty;

5. Student outcomes consistent with stated mission, goals, and objectives of the program;

6. Collaborative and interactive learning activities that assist students in achieving course objectives;

7. Planned, faculty-guided, clinical learning experiences that involve direct contact with patients;

8. Learning opportunities that facilitate development of students' clinical competence and judgment, role socialization, and transition to nursing practice;

9. Evaluation of student outcomes at set intervals;

10. Tracking of student retention and completion rates on ongoing basis;

11. Faculty and student input into the evaluation process; and

12. Evidence that outcome data are consistently utilized to plan and improve distance learning.

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.100. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the* ***Code of State***

Regulations. *Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.110 Records. The board is amending subsection (1)(B).

PURPOSE: This amendment changes "graduate record" to read "official record."

(1) Transcripts.

(B) The official transcript shall identify the following:

1. Date of admission, date of separation from the program, hours/credits/units earned, and the diploma/degree awarded; and

2. Transferred credits, including course titles and credits earned. Name and location of the credit-granting institution shall be maintained as part of *[graduate]* **official** records.

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.110. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.120 Publications. The board is amending sections (3) and (4).

PURPOSE: This amendment adds accreditation status and distance learning to be included in publications published by programs of practical nursing.

(3) The following information shall be available to the applicant *[in writing]* **by electronic or print publications** prior to admission:

(B) National nursing accreditation status, if applicable;

*[(B)]***(C)** Admission criteria;

*[(C)]***(D)** Section 335.066, RSMo, of the Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;

*[(D)]***(E)** Advanced placement policies;

*[(E)]***(F)** Student services;

*[(F)]***(G)** Curriculum plan;

*[(G)]***(H)** Program costs;

*[(H)]***(I)** Refund policy; *[and]*

*[(I)]***(J)** Financial assistance*[.]***; and**

(K) Distance learning measures and opportunities.

(4) The following information shall be available to the student *[in writing]* **by electronic or print publications** upon entry:

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.120. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.130 Program Evaluation. The board is amending section (2).

PURPOSE: This amendment clarifies requirements for evaluating a practial nursing program.

(2) Systematic evaluation of the program shall include evaluation of the following:

(A) Student achievement of **course objectives and graduate competencies** program outcomes;

(B) Adequacy of program resources to include, but not limited to, fiscal, human, **physical,** and technical learning resources;

(C) **Theory and** *[C]*clinical experiences to include, but not limited to, evaluation of:

1. Clinical sites by students and faculty;

2. Simulation activities by students and faculty;

*[2.]***3.** Course and faculty by students; and

*[3.]***4.** Students and faculty by representative(s) of clinical site(s); and

(D) Multiple measures of program outcomes to include, but not limited to, National Council Licensure Examination (NCLEX®) pass rates, graduation and job placement rates, and graduate*[/]* **and** employer satisfaction with program preparation for new graduates at six (6) **to twelve (12)** months *[or more]* after graduation.

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.130. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.180 Licensure Examination Performance. The board is adding a new section (3) and amending newly renumbered sections (4) and (5).

PURPOSE: This amendment clarifies impact of licensure examination performance according to each level of program approval.

(3) Initial Program Approval—

(A) Upon graduation of the first student cohort and reporting of the first official NCLEX-PN® program pass rate, as reported upon completion of the fourth quarter of the respective calendar year, the board will review current licensure examination performance of first-time candidates. Pursuant to 20 CSR 2200-3.180(1) licensure examination performance for first-time candidates shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31);

(B) Should the required eighty percent (80%) benchmark not be attained and significant deficiencies identified, the board may apply an immediate moratorium on admissions pursuant to 20 CSR 2200-3.010(7)(A);

(C) The nursing program with a pass rate lower than eighty percent (80%) shall provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate, and plan of correction to resolve the low pass rate. The plan of correction shall be submitted to the board by the deadline indicated. The plan of correction shall include:

1. Mission or philosophy of the nursing program;

2. Program governance as defined in 20 CSR 2200-3.050(5);

3. General faculty resources and workload;

4. Student support services;

5. Program admission, progression, and graduation policies;

6. Program completion rates for each year of program operation, as applicable;

7. National Council Licensure Examination for Registered Nurses (NCLEX-PN®) pass rates for each year of program operation, as applicable;

8. Job placement rates for each year of program operation, as applicable;

9. Program satisfaction, to include student, graduate, and employer data, as applicable;

10. Number of nursing faculty teaching on full-time and part-time basis, to include part-time clinical faculty;

11. Use of systematic program evaluation data related to program planning and improvement; and

12. Measures put in place to restore instructional quality and integrity of the program;

(D) The program administrator shall appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may accept the plan of correction and decide to continue initial approval for a period of no more than one (1) calendar year, may apply a moratorium on admissions pursuant to 20 CSR 2200-3.010(7)(A), or may withdraw approval pursuant to section 335.071.3, RSMo;

(E) With an NCLEX-PN® pass rate below eighty percent (80%), a program shall have at minimum two (2) consecutive calendar years of NCLEX-PN® pass rates at or above the required eighty percent (80%) to move to full approval; and

(F) If the nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-PN® pass rates remain below eighty percent (80%) for a second consecutive year, the board will withdraw approval pursuant to section 335.071.3, RSMo.

(4) Full Program Approval—

*[(3)]***(A)** The nursing program with a pass rate lower than eighty percent (80%) shall:

*[(A)]***1.** First year—Provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate**,** and plan of correction to resolve low pass rate. **The plan of correction shall be submitted to the board by the deadline indicated.** The plan of correction shall include:

*[1.]***A.** Mission or philosophy of the nursing program;

*[2.]***B.** Program governance as defined in 20 CSR 2200-3.050(5);

*[3.]***C.** General faculty resources and workload;

*[4.]***D.** Student support services;

*[5.]***E.** Program admission, progression, and graduation policies;

*[6.]***F.** Program *[graduation]* **completion** rates for the last five (5) years;

*[7.]***G.** National Council Licensure Examination for Practical Nurses (NCLEX-PN®) pass rates for the last five (5) years;

*[8.]***H.** Job placement rates for the last five (5) years;

*[9.]***I.** Program satisfaction, to include student, graduate, and employer data;

*[10.]***J.** Number of nursing faculty teaching on full-time and part-time basis; to include adjunct clinical faculty and faculty on contingent approval; *[and]*

*[11.]***K.** Use of systematic program evaluation data related to program planning and improvement; **and**

L. Measures put in place to restore instructional quality and integrity of the program;

(B) Second consecutive year—The program may be placed on conditional approval status. The program administrator *[will be required to]* **shall** appear before and present to the board **the current plan of correction, which includes** a current analysis of program effectiveness, problems identified, and plans of correction;

(C) Side-by-side comparison of first-year and second-year analyses of program effectiveness shall be included*[;]***. The plan of correction shall be submitted to the board by the deadline indicated.**

(5) Conditional Program Approval.

*[(D)]***(A)** The nursing program placed on conditional approval shall remain on conditional approval (as per 20 CSR 2200-3.010(6)) until it has two (2) consecutive years of pass rates of at least eighty percent (80%) or until the board removes approval pursuant to section 335.071.3., RSMo*[; and]***.**

(B) The nursing program shall provide a side-by-side comparison of plans of correction that includes program analyses for each consecutive year that NCLEX-PN® pass rates remain below eighty percent (80%). Each year the program administrator shall appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may, at any time, apply a moratorium on student admissions pursuant to 20 CSR 2200-3.010(7)(A).

*[(E)]***(C)** If, after two (2) years *[of]* **on** conditional approval, a nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-PN® pass rates remain below eighty percent (80%), the board *[shall]* **will** withdraw approval pursuant to section 335.071.3., RSMo.

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.180. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.001 Definitions. The board is adding new subsection (1)(QQ) and relettering as necessary.

PURPOSE: This amendment adds the definition of proper supervision.

(1) When used in 20 CSR 2200-8, the following terms mean:

(QQ) Proper supervision—The general overseeing and the authorizing to direct in any given situation, including, but not limited to: orientation, initial and ongoing direction, procedural guidance, periodic inspection, and evaluations;

*[(QQ)]***(RR)** Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;

*[(RR)]***(SS)** Satellite location—A site geographically separate from, but administered and served by, a primary program campus;

*[(SS)]***(TT)** Sponsoring institution—The institution that is financially and legally responsible for the nursing program;

*[(TT)]***(UU)** Statement of need and feasibility—Current evidence of need for professional and practical nurses, additional nursing program(s), and community support;

*[(UU)]***(VV)** Sustainability Plan—A plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

*[(VV)]***(WW)** Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and

*[(WW)]***(XX)** Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency which designates each party's responsibilities for education of nursing students.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.010 Approval. The board is amending sections (3)–(8).

PURPOSE: This amendment clarifies the approval process for programs of professional nursing.

(3) Classification of Approval.

(B) Full approval is the status granted a nursing program after the program has *[graduated one (1) class and has]* met and continues to meet regulations or requirements.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of education desiring to establish a

Veteran's Bridge Program of Practical Nursing shall submit a proposal to the board. Prior to submission of a proposal nursing programs operating under the institution's sponsorship shall meet requirements for full program approval;

2. A program proposal shall be written and presented to the board by the administrator of the proposed Veteran's Bridge Program of Practical Nursing. The proposal shall *[reflect compliance]* **comply** with the Minimum Standards for Veteran's Bridge Programs of Practical Nursing as prescribed in 20 CSR 2200-8.050 through 20 CSR 2200-8.130*[. The proposal shall]* **and** bear the signature of the administrator who *[shall]* meet**s** the criteria in 20 CSR 2200-8.060(1)(B) and *[shall be]* **has been** active in the position on a full-time basis for at least nine (9) months and preferably one (1) year prior to the entry of the first class. The number of copies of the proposal shall be submitted as specified by the board. Application fees for establishment of Veteran's Bridge Programs of Practical Nursing shall be waived. The proposal shall remain active for no more than one (1) calendar year from the date of receipt at the board office. No more than two (2) proposal revisions shall be accepted. Members designated by the board *[shall]* **will** review the proposal and make recommendations to the board. Board approval of the proposal with or without contingencies shall be obtained no later than three (3) months prior to the anticipated opening date;

3. An established program of practical nursing on full approval by the board may propose the Veteran's Bridge Program of Practical Nursing as a program expansion, pilot program, or LPN refresher course. The program expansion, pilot program, or LPN refresher course may be implemented upon approval by the board. The board's approval may be granted contingent on a site visit. If required by the board, the site visit shall be completed prior to program start;

4. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;

5. The proposal shall include:

A. Name and location of the sponsoring institution and its accreditation status;

B. Evidence of institutional accreditation by an agency recognized by the United States Department of Education;

C. Evidence of authorization to conduct the Veteran's Bridge Program of Practical Nursing by the governing body of the sponsoring institution;

D. Statement of need and feasibility, which shall include:

(I) Documentation of the need for the nursing program including community and economic development need, rationale for why the proposed program should be established, and documentation of employers' need for graduates of the proposed program;

(II) Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;

(III) Number and source of anticipated student population;

(IV) Letters of support for the proposed nursing program;

(V) Letter(s) from potential clinical sites; including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential student(s) in addition to those of existing nursing programs to meet program objectives and outcomes; and

(VI) Source of potential qualified faculty and anticipated ratio of faculty to student enrollment;

E. Mission statement of the sponsoring institution and the mission statement of the proposed program;

F. Current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the proposed program;

G. Proposed location (and satellites) in relation to the administrative office of the sponsoring institution;

H. Evidence of financial stability and resources of the sponsoring institution and the proposed program, to include a sustainability plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

I. Curriculum plan and sequence and graduate competencies; recommended plan of study as outlined in 20 CSR 2200-8.100;

J. Course descriptions and objectives;

K. Policies for evaluation and awarding of credit for military courses that shall be accepted as a significant portion of the practical nurse program;

L. Availability and accessibility of student services, to include evidence of support staff with expertise in evaluation of military transcripts;

M. Number of credit or clock hours for all courses required for completion of the Veteran's Bridge Program of Practical Nursing. Credit or clock hour allocations specific to theory, lab, and clinical portions shall be included. The plan of study shall require no more than seventeen (17) credit hours equivalent to four hundred (400) clock hours of instruction, to include no more than twelve (12) credit hours (one hundred eighty (180) clock hours) of theory and five (5) credit hours (two hundred twenty (220) clock hours) of lab/clinical/simulation instruction. Credit or clock hour requirements may be adjusted according to the individual program and local population needs. Proposed adjustments in credit or clock hours should be clearly indicated in the proposal. Detailed justification for variation in credit or clock hour allocations shall be included;

N. Proposed final transcript for the nursing program; total number of clock or credit hours shall not exceed the number of clock or credit hours required for a similar (generic) program of practical nursing;

O. Maximum number of students per class;

P. Number of classes admitted per year;

Q. Number of students anticipated in initial class;

R. Plan for increase to maximum enrollment, if applicable;

S. Admission and readmission criteria; any person who completed military health care training to include, but not limited to, Basic Medical Technician Corpsman (Navy and Air Force), Air Force Independent Duty Medical Technician, or Army Health Care Specialist may be eligible to enroll in this Veteran's Bridge Course. The course may also be offered as an LPN refresher course;

T. Plans for progression and retention of students;

U. Appeal policies and procedures;

V. Systematic evaluation plan;

W. Evidence of eligibility for articulation of credits related to completion of a program of professional nursing;

X. Plan for hiring full-time and part-time theory and clinical faculty. This shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment;

Y. Position descriptions for the program administrator, nursing faculty, and support staff;

Z. Facilities.

(I) Description of educational facilities to be used by the proposed program such as classrooms, library, offices, clinical skills and simulation laboratories, and other facilities.

(II) Description of planned or available learning resources to include such items as equipment, supplies, library services, computers, simulation technology, and online educational resources to be utilized for instructional purposes;

6. The board will electronically notify nursing programs of receipt of the proposal;

7. Site survey. Representatives from the board *[shall]* **will** make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-8.050 through 20 CSR 2200-8.130; and

8. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-8.050 through 20 CSR 2200-8.130. Initial program approval contingent on the site survey *[shall]* **will** remain active for no more than one (1) calendar year prior to program start.

(C) Upon graduation of the program's first class and receipt of results of the first official National Council Licensure Examination for Practical Nurses (NCLEX-PN® examination) program pass rate, as reported after completion of the fourth quarter of the respective

calendar year, the board *[shall]* **will** review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

3. Report of the National Council Licensure Examination for Practical Nurses results (as per 20 CSR 2200-8.180(1));

4. Identification and analysis of class graduation rate; and

5. Submission of program's ongoing systematic evaluation plan with available data.

(E) On-Site Surveys. At least two (2) representatives of the board *[shall]* **will** make on-site surveys*[. On-site surveys shall be conducted]* on a regular basis throughout the initial approval period. A program may request additional visits. Programs retained on initial approval status *[shall]* **will** have on-site surveys on an annual basis and as directed by the board.

(5) Full Approval Status.

(A) Annual Report. Each program and each campus of each program shall complete and submit the board's annual report by the established deadline. Following review by the board, each program *[shall]* **will** be notified of the board's action(s).

(B) A program's approval status *[shall be]* **is** subject to review by the board if the required annual report *[and]* **or** annual registration is not received within thirty (30) days from the established deadline.

(C) On-Site Surveys. On-site surveys *[shall]* **will** be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each program *[shall]* **will** be surveyed typically at five- (5-) year intervals. If the program is accredited by a national nursing accreditation agency, the program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit. Representatives of the board *[shall]* **will** form a survey team to conduct each on-site survey. Each survey team *[shall]* **is to** consist of two (2) or more persons qualified to conduct on-site surveys. The program shall solicit public comments in preparation for each routine on-site survey. Evidence of solicitation of public comments shall be available for review during the on-site survey.

(D) Additional Visits/Surveys. At least two (2) representatives of the board *[shall]* **will** make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(6) Conditional Approval Status.

(C) On-Site Surveys. At least two (2) representatives of the board *[shall]* **will** make on-site surveys. On-site surveys *[shall be]* **are** conducted on a regular basis throughout the conditional approval period as directed by the board. A program may request additional visits.

(7) Moratorium on Student Admissions.

(A) Should circumstances be such that instructional quality and integrity for the program is jeopardized as determined by the board, the board may impose a moratorium on student admissions. A moratorium on student admissions may be imposed by the board during initial, full, and conditional approval status of the program. The moratorium *[shall]* **may** be lifted by the board upon proof submitted to the board that the program has cured any deficiencies in the instructional quality and integrity of the program.

(8) Annual Registration Requirements.

(A) *[An]* **The board will send an** application for annual registration *[shall be sent]* to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(C) A program's approval status *[shall be]* **is** subject to review by the board if the required registration is not received within thirty (30) days following the June 1 deadline.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.020 Discontinuing and Reopening Programs. The board is amending section (2).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-8.010(4)(A). An accredited institution of education that has lost the board's approval of a nursing program due to deficiencies identified by the board *[shall]* **may** not propose to the board for establishment of a new nursing program for a minimum of one (1) calendar year from the time of the actual date for program closure.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.030 Change in Sponsorship. The board is amending sections (2) and (3).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(2) A change in sponsorship form *[provided by the board]* shall be completed and returned *[with notification]* to the board **within thirty (30) days of the change in sponsorship**. Written notification shall include proposed changes to the program.

(3) *[Any p]***P**roposed changes that affect the criteria included in 20 CSR 2200-8.010(4)(A)1.–4. shall be approved by the board prior to implementation.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.035 Multiple Campuses. The board is amending sections (3) and (4).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(3) The sponsoring institution shall submit a proposal as indicated in 20 CSR 2200-8.010(4)(A) and receive approval from the board before opening an additional campus or expand to additional satellite location(s). Each additional campus and satellite location *[shall]* **will** be surveyed.

(4) Each campus and satellite location shall have a full-time faculty person designated as the coordinator who reports to the program administrator*[. Each program coordinator shall meet]* **and meets** the faculty requirements for appointment.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.050 Organization and Administration of an Approved Program of Practical Nursing. The board is amending sections (1) and (7).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(1) Philosophy and/or mission of the program shall be in writing and *[shall]* be consistent with the philosophy and/or mission statement of the sponsoring institution.

(7) Clerical Assistance.

(A) Each program **and satellite location** shall have secretarial and other support services sufficient to meet the needs of the program. Clerical assistance to support program operation at satellite locations shall be reflected.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.080 Clinical Experiences. The board is amending section (1).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(A) Select inter*[-]*professional educational experiences may be utilized to provide learning experiences to meet course and program objectives and outcomes. Clinical personnel with professional licensure or certification in a health-related field may be utilized to augment student learning in their respective areas. Observational/interprofessional experiences *[shall]* **may** not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(D) The ratio of faculty to students in the clinical area shall be designed to promote patient safety and to facilitate student learning **with the proper supervision**.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.085 Preceptors. The board is amending subsection (4)(F).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(F) *[Shall meet periodically]* **Periodic meetings** with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 17, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.100 Educational Program. The board is amending sections (1) and (5).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(1) General Purpose.

(C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and/or mission and graduate competencies of the program and *[shall]* demonstrate logical progression.

(5) Syllabus Construction. Syllabi shall be current and available to all faculty, students, and cooperating agencies. Each syllabus shall include:

(H) Clock *[or credit]* hour requirements related to theory, lab, and clinical instruction. **Each syllabus should reflect credit hour requirements for theory, lab, and clinical instruction, if used.**

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2220—State Board of Pharmacy
Chapter 6—Pharmaceutical Care Standards

PROPOSED AMENDMENT

20 CSR 2220-6.050 Administration of Vaccines Per Protocol. The board is amending all sections of the rule.

PURPOSE: This amendment eliminates unnecessary restrictions/requirements and updates/clarifies requirements for pharmacists

immunizing by protocol.

(1) A pharmacist may administer vaccines authorized by Chapter 338, RSMo, pursuant to a written protocol *[authorized by a physician licensed pursuant to Chapter 334, RSMo,]* **with a Missouri licensed physician** who is actively engaged in the practice of medicine. **Unless otherwise restricted by the governing protocol, vaccines may be administered at any Missouri licensed pharmacy or at any non-pharmacy location identified in the governing protocol.**

(A) *[A pharmacist shall administer v]***V**accines **must be administered** in accordance with treatment guidelines established by the Centers for Disease Control (CDC) and *[in accordance with]* **the** manufacturer's guidelines, provided *[that a pharmacist shall not administer vaccines]* **CDC guidelines shall control in the event of a conflict. Vaccines may not be administered** to persons under twelve (12) years of age **unless otherwise authorized by law**.

(B) *[A pharmacist shall comply]* **Pharmacists shall ensure compliance** with all state and federal laws and regulations pertaining to Vaccine Information Statements and informed consent requirements.

(C) Vaccines must be stored in accordance with CDC guidelines/recommendations and within the manufacturer's labeled requirements, including, when vaccinating outside of a pharmacy.

(D) A pharmacist may only delegate vaccine administration to an intern pharmacist who has met the qualifications of subsections (3)(B) and (C) of this rule and is working under the direct supervision of a pharmacist qualified to administer vaccines. Proof of an intern's compliance with subsections (3)(B) and (C) must be maintained by both the supervising pharmacist and the intern pharmacist for a minimum of two (2) years.

[(2) A pharmacist may not delegate the administration of vaccines to another person, except to a pharmacist intern who has met the qualifications under subsections (4)(B), (C), and (D) and is working under the direct supervision of a pharmacist qualified to administer vaccines.]

*[(3)]***(2)** The authorizing physician is responsible for the oversight of, and accepts responsibility for, the vaccines administered by the pharmacist.

[(4) Pharmacist Qualifications. A pharmacist who is administering a vaccine authorized by Chapter 338, RSMo, must:

(A) Hold a current, unrestricted license to practice pharmacy in this state;

(B) Hold a current cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or equivalent;

(C) Successfully complete a certificate program in the administration of vaccines accredited by the Accreditation Council for Pharmacy Education (ACPE) or a similar health authority or professional body approved by the State Board of Pharmacy;

(D) Maintain documentation of the above certifications;

(E) Complete a minimum of two (2) hours (0.2 CEU) of continuing education as defined per calendar year related to administration of vaccines. A pharmacist may use the continuing education hours required in this subsection as part of the total continuing education hours required for pharmacist license renewal;

(F) Provide documentation of subsections (A), (B), (C), and (E) of this section to the authorizing physician(s) prior to entering into a protocol or administering vaccines; and

(G) On a yearly basis prior to administering vaccines, establish a new protocol with the authorizing physician and notify the State Board of Pharmacy of their qualifications to do so. This notification shall include the types of drugs being administered and a statement that the pharmacist meets the requirements of subsections (A), (B), (C), (E), and (F) of this section.

(5) Administration by Written Protocol with a Missouri Licensed Physician.

(A) A pharmacist may enter into a written protocol with a physician for the administration of vaccines authorized by Chapter 338, RSMo, provided that a pharmacist shall be prohibited from administering vaccines to patients under twelve (12) years of age. The physician must be no further than fifty (50) miles by road, using the most direct route available, from the pharmacist who is administering the vaccine. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must include the following:

1. The identity of the participating pharmacist and physician, including signatures;

2. Time period of the protocol;

3. The identification of the vaccines which may be administered;

4. The identity of the patient or groups of patients to receive the authorized vaccine(s);

5. The identity of the authorized routes and anatomic sites of administration allowed;

6. A provision to create a prescription for each administration under the authorizing physician's name;

7. A provision establishing a course of action the pharmacist shall follow to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks;

8. A provision establishing a length of time the pharmacist shall observe an individual for adverse events following an injection;

9. A provision establishing the disposal of used and contaminated supplies;

10. The street addresses of the pharmacy or other locations at which the pharmacist may administer the authorized vaccine;

11. Record-keeping requirements and procedures for notification of administration; and

12. A provision that allows for termination of the protocol at the request of any party to it at any time.

(B) The protocol, and any subsequent amendments or alterations, shall be signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its content and agree to follow the terms of the protocol. The authorizing physician and pharmacist shall each maintain a copy of the protocol from the beginning of implementation to a minimum of eight (8) years after termination of the protocol.]

(3) Pharmacist Qualifications. Pharmacists administering vaccines by protocol as authorized by Chapter 338, RSMo, must first file a Notification of Intent (NOI) to administer vaccines with the Missouri Board of Pharmacy. To file a NOI, a pharmacist must—

(A) Hold a current Missouri pharmacist license;

(B) Hold a current healthcare provider level cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification issued by the American Heart Association, the American Red Cross, or an equivalent organization. The qualifying BLS or CPR certification program must have included a live in-person skills assessment; and

(C) Have successfully completed a certificate program in administering vaccines accredited by the Accreditation Council for Pharmacy Education (ACPE), provided by an ACPE or regionally accredited pharmacy or medical school/college or approved by the

Board of Pharmacy. The required certificate program must include a live/in-person training component and include instruction in:

1. Current CDC guidelines and recommendations for vaccines authorized by Chapter 338, RSMo, including recommended immunization schedules;

2. Basic immunology and vaccine protection;

3. Physiology and techniques for vaccine administration, including hands-on training in intramuscular, intradermal, subcutaneous and nasal administration routes, and other common routes of vaccine administration;

4. Pre- and post- vaccine screening or assessment; and

5. Identifying and treating adverse immunization reactions;

(D) Notifications of Intent must be filed on the board's website or on a form approved by the board.

(4) Protocol Requirements.

(A) In addition to filing a NOI, pharmacists administering vaccines under this rule must first enter into a written protocol with a Missouri licensed physician. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must be renewed annually and include the following:

1. The identity of the participating pharmacist and physician;

2. Time period of the protocol;

3. Authorized vaccines;

4. The patient or groups of patients authorized for vaccination;

5. Allowed routes and anatomic sites of administration;

6. If applicable, authorization to create a prescription for each administration under the physician's name;

7. Emergency response procedures, including, but not limited to, procedures for handling/addressing adverse reactions, anaphylactic reactions, and accidental needle sticks;

8. The length of time the pharmacist must observe an individual for adverse events following an injection;

9. Procedures for disposing of used and contaminated supplies;

10. The street addresses of any non-pharmacy locations at which the pharmacist may administer vaccines;

11. Record-keeping requirements and any required notification procedures; and

12. A provision allowing termination of the protocol at any time at the request of any party.

(B) The protocol, and any subsequent amendments or alterations, must be reviewed and manually or electronically signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its contents and agree to follow the terms of the protocol. A copy of the protocol must be maintained by both the pharmacist and the authorizing physician for a minimum of eight (8) years after termination of the protocol.

(C) Additional pharmacists or immunization locations may be added to an existing protocol if the amendment is signed and dated by the authorizing physician(s) and, if applicable, any newly added pharmacist(s). Existing pharmacists are not required to re-sign the protocol unless other protocol terms or provisions are changed.

*[(6)]***(5)** Record Keeping.

(A) *[A pharmacist administering vaccines pursuant to this rule shall maintain a record of each administration which shall include]* **The pharmacist shall ensure a record is maintained for each vaccine administered by protocol that includes**:

1. The **patient's** name, address, and date of birth *[of the patient]*;

2. The date, route, and anatomic site of the administration;

3. The **vaccine's** name, dose, manufacturer, lot number, and expiration date *[of the vaccine]*;

4. The name and address of the patient's primary health care provider, as *[identified]* **provided** by the patient;

5. *[The name or identifiable initials of the administering pharmacist]* **The identity of the administering pharmacist or, if applicable, the identity of the administering intern pharmacist and supervising pharmacist**; and

6. The nature of any adverse reaction and who was notified, if applicable.

[(B) If the vaccine was administered on behalf of a pharmacy, the pharmacist shall ensure the records required by subsection (6)(A) of this rule are promptly delivered to the pharmacy.]

*[(C)]***(B)** *[Within seventy-two hours (72) hours after administration of a vaccine, the administering pharmacist shall obtain a prescription from the authorizing physician for the drug dispensed or shall create a prescription, as authorized by protocol documenting the dispensing of the drug.]* **Within seventy-two (72) hours after a vaccine is administered, a prescription must be obtained from the authorizing physician for the drug dispensed or a prescription must be created in the physician's name documenting the dispensing as authorized by protocol.** Notwithstanding any other provision of this rule, prescription records *[shall]* **must** be maintained as provided by Chapter 338, RSMo, and the rules of the board.

*[(D)]***(C)** The records required by this rule *[shall be maintained]* **must be** securely and confidentially **maintained** as follows:

1. If the vaccine is administered on behalf of a pharmacy, both the pharmacy and the administering pharmacist shall ensure *[that all records required by this rule are maintained at the pharmacy]* **the records required by subsection (5)(A) are promptly delivered to and maintained at the pharmacy** separate from the **pharmacy's** prescription files *[of the pharmacy]*.

2. If the vaccine is not being administered on behalf of a pharmacy, all records shall be maintained securely and confidentially by the administering pharmacist at an address that shall be identified in the protocol prior to administering the vaccine; *[and]*

3. Prescription records must be maintained as required by Chapter 338, RSMo, and the rules of the board; and

*[2.]***4.** Records *[shall]* **required by this rule must** be maintained for two (2) years *[from the date of such record and shall be]* **and** made available for inspecting and copying by the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives. Records maintained at a pharmacy must be produced during an inspection by the board and/or their authorized representatives. Records not maintained at a pharmacy *[shall]* **must** be produced within three (3) business days after a request from the State Board of Pharmacy**, the Board of Registration for the Healing Arts** and/or *[its]* **their** authorized representative. Failure to maintain or produce records as provided by this rule shall constitute grounds for discipline.

[(7) Notification Requirement.

(A) A pharmacist administering vaccines authorized by Chapter 338, RSMo, shall notify the authorizing physician within seventy-two (72) hours after administration of the following:

1. The identity of the patient;

2. The identity of the vaccine(s) administered;

3. The route of administration;

4. The anatomic site of the administration;

5. The dose administered; and

6. The date of administration.

(B) The pharmacist shall provide a written report to the patient's primary health care provider, if different than the authorizing physician, containing the documentation required in subsection (A) of this section within fourteen (14) days of the administration.

(C) In the event of any adverse event or reaction experienced by the patient pursuant to a written protocol, the pharmacist shall notify the patient's primary health care provider and authorizing physician, if different, within twenty-four (24) hours after learning of the adverse event or reaction.

(D) A pharmacist administering vaccine(s) shall report the administration to all entities as required by state or federal law.

(E) Documentation that notifications required by this rule have been sent must be maintained as provided in section (6) of this rule.]

(6) Notification of Immunizations. Pharmacists immunizing by protocol must—

(A) Notify all persons or entities as required by state and federal law;

(B) Notify the protocol physician as required by the governing protocol;

(C) Notify the patient's primary care provider as required by Chapter 338, RSMo; and

(D) Notify the patient's primary health care provider and, if different, the protocol physician, within twenty-four (24) hours after learning of any adverse event or reaction experienced by the patient. Adverse events or reactions must also be reported to the Vaccine Adverse Event Reporting System (VAERS) or its successor, within thirty (30) days.

(E) Unless otherwise provided by the governing protocol, notification may be made via a common electronic medication record that is accessible to and shared by both the physician and pharmacist. Proof of notification must be maintained in the pharmacist's records as provided in subsection (5)(B) of this rule.

(7) Notification of Intent Renewal. A Notification of Intent (NOI) to immunize by protocol must be renewed biennially with the immunizing pharmacist's Missouri pharmacist license. To renew a NOI, pharmacists must—

(A) Have a current healthcare provider cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification that complies with subsection (3)(B) of this rule; and

(B) Have completed a minimum of two (2) hours of continuing education (0.2 CEU) related to administering vaccines or CDC immunization guidelines in a course approved by the Board of Pharmacy or provided by an ACPE accredited continuing education provider within the applicable pharmacist biennial renewal period (November 1 to October 31 of the immediately preceding even numbered years).

(C) The required continuing education (CE) shall be governed by 20 CSR 2220-7.080 and may be used to satisfy the pharmacist's biennial continuing education requirements. The initial training program required by section (3) of this rule may be used to satisfy the CE requirements of this subsection if the training program was completed within the applicable pharmacist biennial renewal cycle.

*AUTHORITY: sections [338.010] **338.140** and 338.220, RSMo [Supp. 2009 and 338.140, RSMo 2000] **2016, and section 338.010, RSMo Supp. 2017**. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expired April 30, 2008. Original rule filed Oct. 24, 2007, effective May 30, 2008. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Pharmacy, PO Box 625, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 526-3464, or via email at pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its Order of Rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the Proposed Rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 6—Wildlife Code: Sport Fishing: Seasons, Methods, Limits

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-6.530 is amended.

This rule sets length limits for fish taken from waters of the state and is exempted by section 536.021, RSMo, from the requirements for filing as a proposed amendment.

3 CSR 10-6.530 Goggle-eye (Ozark Bass, Rock Bass, and Shadow Bass) and Warmouth

(4) Length Limits: All goggle-eye (Ozark bass, rock bass, and shadow bass) and warmouth less than seven inches (7") in total length must be returned to the water unharmed immediately after being caught, except all goggle-eye and warmouth less than eight inches (8") in total length must be returned to the water unharmed immediately after being caught on the Big Piney River from Highway 17 bridge (Texas County) to its confluence with the Gasconade River, Courtois Creek from Highway 8 bridge (Crawford County) to its confluence with Huzzah Creek, the Eleven Point River from Thomasville Access to the Arkansas line, Huzzah Creek from Willhite Road (Crawford County) to its confluence with the Meramec River, and Meramec River from Highway 19 bridge (Dent County) to Pacific Palisades Conservation Area.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed February 9, 2018, becomes effective **March 1, 2018**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 6—Wildlife Code: Sport Fishing: Seasons, Methods, Limits

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-6.620 is amended.

This rule sets bag limits for turtles taken from waters of the state and is exempted by section 536.021, RSMo, from the requirements for filing as a proposed amendment.

3 CSR 10-6.620 Turtles

(1) Daily Limit: Common snapping turtles and soft-shelled turtles; two (2) turtles in aggregate.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed February 9, 2018, becomes effective **March 1, 2018**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for Areas Owned by Other Entities

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.145 is amended.

This rule sets length limits for fish taken from waters of the state and is exempted by section 536.021, RSMo, from the requirements for filing as a proposed amendment.

3 CSR 10-12.145 Fishing, Length Limits

(2) Black bass more than twelve inches (12") but less than fifteen inches (15") total length must be returned to the water unharmed immediately after being caught, except as follows:

(A) Black bass less than fifteen inches (15") total length must be returned to the water unharmed immediately after being caught on the following lakes:

1. Arrow Rock State Historic Site (Big Soldier Lake);
2. Bethany (Old Bethany City Reservoir);
3. Blue Springs (Lake Remembrance);
4. Big Oak Tree State Park (Big Oak Lake);
5. Butler City Lake;
6. Cameron (Century Lake, Eagle Lake, Grindstone Lake, Sunrise Lake);
7. Carthage (Kellogg Lake);
8. Columbia (Stephens Park Lake);
9. Concordia (Edwin A. Pape Lake);
10. Confederate Memorial State Historic Site lakes;
11. Dexter City Lake;
12. East Prairie (K. S. Simpkins Park Pond);
13. Farmington (Hager Lake, Giessing Lake, Thomas Lake);
14. Hamilton City Lake;
15. Harrison County Lake;
16. Higginsville (Higginsville City Lake, Upper Higginsville City Lake);
17. Holden City Lake;
18. Jackson (Litz Park Lake, Rotary Lake);
19. Jackson County (Alex George Lake, Bergan Lake, Bowlin Pond, Lake Jacomo, Prairie Lee Lake, Scherer Lake, Tarsney Lake, Wood Lake, Wyatt Lake);
20. Jefferson City (McKay Park Lake);
21. Keytesville (Maxwell Taylor Park Pond);
22. Kirksville (Hazel Creek Lake);
23. Liberty (Fountain Bluff Park Ponds Nos. 1, 2, 3, 4, 5, 6, 7, and 8);
24. Marble Hill (Pellegrino Lake);
25. Mark Twain National Forest (Fourche Lake, Huzzah Pond, Loggers Lake, McCormack Lake, Noblett Lake, Roby Lake);
26. Maysville (Willow Brook Lake);
27. Mineral Area College (Quarry Pond);
28. Odessa (Lake Venita);
29. Pershing State Park ponds;
30. Potosi (Roger Bilderback Lake);
31. Raymore (Johnston Lake);
32. University of Missouri (Dairy Farm Lake No. 1, McCredie Lake);
33. Warrensburg (Lions Lake);
34. Watkins Mill State Park (Williams Creek Lake); and
35. Windsor (Farrington Park Lake).

(C) Black bass more than fourteen inches (14") but less than eighteen inches (18") total length must be returned to the water unharmed immediately after being caught on Unionville (Lake Mahoney);

(D) Black bass less than twenty inches (20") total length must be returned to the water unharmed immediately after being caught on Mexico (Teal Lake); and

(E) There is no length limit on black bass on Cuivre River State Park (Lincoln Lake).

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed February 9, 2018, becomes effective **March 1, 2018**.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 5—Junkyards

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.700, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-5.010 Licensing of Junkyards **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1412–1413). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.020 Directional and Other Official Signs **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1413–1414). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.030 On-Premises Signs **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1414–1415). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections

226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.040 Outdoor Advertising in Zoned and Unzoned Commercial and Industrial Areas **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1415–1416). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Highways and Transportation Commission received eight (8) comments on the proposed amendment.

COMMENTS: Bill May- Missouri Outdoor Advertising Association; Bob Fessler- Lamar Advertising; Charles Huffman- Lamar Advertising; Tim Ketchum- Lamar Advertising; Anthony Mariani- DDI Media; Jeff Bohnert- DSW Signs; Vernon House- Lamar Advertising; and Bob Connors- Mid-America Outdoor Advertising support amending the static display time for an automatic changeable display or digital technology from ten seconds to eight seconds.
RESPONSE: Because these comments did not request changes to the amendment, no changes have been made to the amendment.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.050 Outdoor Advertising Beyond Six Hundred Sixty Feet (660') of the Right-of-Way **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1416–1417). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.060 Nonconforming Signs **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1417–1418). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under sections 226.150 and 226.530, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-6.070 Permits for Outdoor Advertising **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1418–1419). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.080 Removal of Outdoor Advertising Without Compensation **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1419–1420). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.085 Cutting and Trimming of Vegetation on Right-of-Way **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1420–1422). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Highways and Transportation Commission received ten (10) comments on the proposed amendment.

COMMENTS: Bill May- Missouri Outdoor Advertising Association; Bob Fessler- Lamar Advertising; Charles Huffman- Lamar Advertising; Tim Ketchum- Lamar Advertising; Anthony Mariani- DDI Media; Jeff Bohnert- DSW Signs; Vernon House- Lamar Advertising; Bob Connors- Mid-America Outdoor Advertising; Eric Worden- Lamar Advertising; and Wayne Hurley- Lamar Advertising support the reduction of restrictions related to vegetation cutting on right of way to clear a billboard's visibility zone.
RESPONSE: Because these comments did not request changes to the amendment, no changes have been made to the amendment.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.090 Administrative Review of Notices to Remove Outdoor Advertising and to Terminate Nonconforming Signs **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1423). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.100 Removal or Concealment of Outdoor Advertising Pending Judicial Review **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1424). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 20—Clean Water Commission
Chapter 7—Water Quality

ORDER OF RULEMAKING

By the authority vested in the Clean Water Commission of the State of Missouri under section 644.026, RSMo 2016, the commission amends a rule as follows:

10 CSR 20-7.031 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1424–1551). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held November 21, 2017, and the public comment period ended November 28, 2017. At the public hearing, department staff explained the proposed amendment and thirteen (13) comments were made. The department also received thirty (30) written comments from thirty-five (35) individuals, municipalities, and organizations during the public comment period. The department's responses to these comments have been categorized as general and specific. The term "lakes" refers to both "lakes and reservoirs," except where noted.

PUBLIC HEARING COMMENTS:

COMMENT #1: Rocky Miller, professional engineer and Representative for District 124, asked staff to be careful about how this amendment is written, because future staff and boards will be the ones enforcing the rules. Representative Miller stated that the department should develop rules because they make a difference, rather than because they are told to do so. Representative Miller also asked that costs be kept in mind.
RESPONSE: Representative Miller's comments are appreciated. The proposed amendment is the result of years of stakeholder discussions. The most significant component of the proposed amendment is the revision of disapproved numeric nutrient criteria, criteria that have been the subject of litigation involving the Missouri Coalition for the Environment and the U.S. Environmental Protection Agency (USEPA). The department believes that it is in the state's best interest to adopt this amendment to avoid promulgation at the federal level. Furthermore, the proposed amendment is the appropriate mechanism for protecting Missouri's water quality. The proposed numeric nutrient criteria will protect Missouri's lakes using Missouri-specific data and methods to ensure appropriate water quality protections. As part of its rulemaking effort, the department considered economic costs and benefits associated with the proposed amendment revisions through a Regulatory Impact Report (RIR). An initial public comment period for the RIR was held from July 24, 2017 through September 22, 2017. Following revisions to the draft rule, the RIR was modified and a second public comment period was held from September 25, 2017 through November 24, 2017. No changes have been made as a result of this comment.

COMMENT #2: Leslie Holloway, Missouri Farm Bureau, commented that there is a court order in place and that the department must act in developing numeric nutrient criteria for lakes, otherwise criteria will be promulgated by the USEPA. Holloway stated the proposed nutrient criteria address many of Farm Bureau's concerns and urged the Clean Water Commission to support it. Holloway further stated that numeric nutrient criteria are not necessary to achieve the state's nutrient management goals.
RESPONSE: The department agrees that it is in Missouri's best interest to amend this rule to avoid promulgation at the federal level. As noted by the commenter, numeric nutrient criteria are required as a result of recent litigation that obligates the USEPA to propose numeric nutrient criteria for Missouri lakes if the state does not do so. Federal litigation notwithstanding, federal regulations at 40 CFR section 131.22 require states to adopt water quality criteria that protect designated uses. In addition to protecting designated uses, the proposed numeric nutrient criteria are necessary to provide a means for water quality assessment as well as to provide targets for water quality restoration. No changes have been made as a result of this comment.

COMMENT #3: Jay Hoskins, Metropolitan St. Louis Sewer District, supports the comments submitted by the Association of Missouri Cleanwater Agencies (AMCA). Hoskins supports the proposed numeric nutrient criteria, especially for allowing a framework that considers numeric threshold and bioconfirmation response variables to assess use attainment.
RESPONSE: The department appreciates the Metropolitan St. Louis Sewer District's support and will carefully consider the comments submitted by the AMCA. No changes have been made as a result of this comment.

COMMENT #4: Darrick Steen, Missouri Corn Growers Association and Missouri Soybean Association, noted that there is a court order in place and that the department must act in developing numeric nutrient criteria for lakes, otherwise criteria will be promulgated by the USEPA. Steen also expressed concerns that the proposed numeric nutrient criteria may result in perpetual water quality impairments of northern Missouri lakes and that these concerns should be addressed by the department during implementation. Steen asked that the department give maximum flexibility in regards to assessment and restoration.
RESPONSE: The department agrees that it is in the state's best interest to adopt this amendment to avoid promulgation at the federal level. The department will complete water quality assessments in accordance with established listing methodologies on a biennial basis as part of its Clean Water Act sections 305(b) and 303(d) reporting efforts. Both future listing methodology documents and 303(d) lists of impaired waters will be developed with input from stakeholders and the interested public. The department will consider restoration efforts through an adaptive implementation approach that makes progress toward achieving water quality goals while using new data and information to adjust implementation activities. The department will, through the triennial review process, continue to evaluate the appropriateness of existing water quality standards and may consider site-specific criteria based on a sound scientific rationale that protects designated uses as allowed by federal regulations at 40 CFR 131.11(b)(1)(ii). No changes have been made as a result of this comment.

COMMENT #5: Dee Dokken, Sierra Club, commented in opposition to the proposed numeric nutrient criteria for lakes, because it does not provide protections for drinking water supply and recreational designated uses. Dokken stated that the proposed amendment uses a reactionary approach that is not consistent with the Clean Water Act. Dokken further stated that lakes are an economic boon to Missouri and more money should be invested to protect them.
RESPONSE: The department revised the draft rule to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. Stakeholders had also raised concerns that the proposed raw drinking water source criteria were developed using a potentially overly conservative approach based on finished drinking water levels. The department notes that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and therefore, protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criterion proposed for drinking water supply protections, 25 μg/L, is 5 μg/L. Recognizing that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water *after treatment* by public water treatment facilities (emphasis added), the department determined that the 5 μg/L difference will not significantly affect the ability of drinking water treatment operations to provide drinking water that meets Safe Drinking Water standards. As noted in research cited with the proposed amendment, microcystins were not detected in Missouri reservoirs eighty percent (80%) of the time (one thousand three hundred thirty-one (1,331) non-detects out of one thousand six hundred fifty-eight (1,658) samples); where detected, they generally were found at low levels. Microcystin concentrations in raw water greater than 0.3 μg/L (n = 140), the USEPA health advisory level for bottle-fed infants and young children for finished drinking water, occurred in less than ten percent (10%) of the samples with a median chlorophyll-a concentration of 33.5 μg/L. The 30-μg/L chlorophyll-a criterion proposed for aquatic life in the Plains ecoregion, which would apply to raw drinking water sources, ensures the probability of microcystin occurrence for finished water is less than ten percent (10%). Therefore, the aquatic life criterion adequately protects drinking water sources from impairment with respect to the algal toxin microcystin. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Although specific criteria for the protection of recreational uses are not specified, the inclusion of both causal and response threshold values provides additional water quality protections. Research and information continue to develop at the national level with respect to nutrient impacts and criteria for the protection of recreational uses. Missouri intends to consider numeric nutrient criteria for recreational designated uses during a future rulemaking. This effort will allow studies currently underway by USEPA and others on the effects of cyanotoxins on recreational uses to mature, and for the state to conduct user perception surveys of algae by the recreating public.

The department agrees that numeric nutrient criteria are an important component of a healthy Missouri environment that will support and sustain a healthy economy. No changes have been made as a result of this comment.

COMMENT #6: Chao Qu, Interdisciplinary Environmental Clinic of Washington University on behalf of the Missouri Coalition for the Environment, opposes the proposed amendment because the proposed numeric nutrient criteria for lakes do not do enough to protect aquatic life. Qu stated the proposed criteria focuses on protecting sport fish, but not other aquatic life species including the most sensitive species. Qu requests the department reconsider the proposed criteria for aquatic life.

RESPONSE: The proposed numeric nutrient criteria were derived based on trophic status ranges by ecoregion. The richest diversity index from each ecoregion was used as the target for the trophic status based on a corresponding range of chlorophyll-a. The criteria were derived by finding the level of algal growth that promotes sustainable biotic diversity by being neither a limiting factor from its scarcity nor a limiting factor from its obstructive presence in large quantities. Using sport fishery status as an indicator of aquatic life use protection is ecologically justified because sport fish are generally apex predators in reservoir systems. The department's findings show that the health of sport fish populations can be interpreted as an indicator of overall ecosystem health and the presence of a wide variety of aquatic biota, which is consistent with 10 CSR 20-7.031(1)(C)1.A and 40 CFR 131.11(a). No changes have been made as a result of this comment.

COMMENT #7: Steve Taylor, Missouri Agribusiness Association, commented on the distinction between human-made reservoirs and lakes. Taylor stated that Missouri scientists have collected significant data on these reservoirs and have determined what is best for sportfish. Taylor also commented that the proposed numeric nutrient criteria for lakes are protective, if not overprotective, of these species. Taylor does not oppose the proposed amendment changes and urges the commission to go forward.

RESPONSE: The department appreciates the Missouri Agribusiness Association's recommendation for moving forward with the proposed rule amendments and agrees that the proposed numeric nutrient criteria are protective of designated aquatic life uses. Missouri used a robust dataset comprised of nutrient related measurements from over two hundred (200) reservoirs throughout the state to support the development of reservoir nutrient criteria. This dataset includes over thirty-two thousand (32,000) records of chlorophyll and nutrient data, making it one (1) of the largest datasets used for criteria derivation. The data originated from various University of Missouri programs and special studies, but most notably from the Lakes of Missouri Volunteer Monitoring Program (LMVP) and the Statewide Lake Assessment Program (SLAP). Using sport fishery status as an indicator of aquatic life use protection is ecologically justified because sport fish are generally apex predators in reservoir systems. The department's findings show that the health of sport fish populations can be interpreted as an indicator of overall ecosystem health and the presence of a wide variety of aquatic biota, which is consistent with 10 CSR 20-7.031(1)(C)1.A and 40 CFR 131.11(a). No changes have been made as a result of this comment.

COMMENT #8: Sydney Welter, Interdisciplinary Environmental Clinic of Washington University on behalf of the Missouri Coalition for the Environment, expressed concern that the proposed numeric nutrient criteria do not protect human health and lack criteria for drinking water supply and recreational designated uses. Welter commented that USEPA stated in a 2016 letter that the department's nutrient criteria should protect recreational uses. Welter urged the department to include criteria for the protection of recreational and drinking water supply designated uses.

RESPONSE: The department revised the draft amendment to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. Stakeholders had also raised concerns that the proposed raw drinking water source criteria were developed using a potentially overly conservative approach based on finished drinking water levels. The department notes that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and is therefore protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criterion proposed for drinking water supply protections, 25 μg/L, is 5 μg/L. Recognizing that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water *after treatment* by public water treatment facilities (emphasis added), the department determined that the 5 μg/L difference will not significantly affect the ability of drinking water treatment operations to provide drinking water that meets Safe Drinking Water standards. As noted in research cited with the proposed amendment, microcystins were not detected in Missouri reservoirs eighty percent (80%) of the time (one thousand three hundred thirty-one (1,331) non-detects out of one thousand six hundred fifty-eight (1,658) samples); where detected, they generally were found at low levels. Microcystin concentrations in raw water greater than 0.3 μg/L (n = 140), the USEPA health advisory level for bottle-fed infants and young children for finished drinking water, occurred in less than ten percent (10%) of the samples with a median chl-a concentration of 33.5 μg/L. The 30-μg/L chlorophyll-a criterion proposed for aquatic life in the Plains ecoregion, which would apply to raw drinking water sources, ensures the probability of microcystin occurrence for finished water is less than ten percent (10%). Therefore, the aquatic life criterion adequately protects drinking water sources from impairment with respect to the algal toxin microcystin. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Research and information continue to develop at the national level with respect to nutrient impacts and criteria for the protection of recreational uses. Missouri intends to pursue numeric nutrient criteria for recreational designated uses during a future rulemaking. This effort will allow studies currently underway by USEPA and others on the effects of cyanotoxins on recreational uses to mature, and for the state to conduct user perception surveys of algae by the recreating public. Although specific criteria for the protection of recreational uses are not specified, the inclusion of both causal and response threshold values provides additional water quality protections. No changes have been made as a result of this comment.

COMMENT #9: Mollie Carroll, Interdisciplinary Environmental Clinic of Washington University on behalf of the Missouri Coalition for the Environment, expressed concern about the reliance of narrative values for making impairment decisions. Carrol commented that the five (5) proposed eutrophication factors are ill-defined, subjective, reactive in nature, and do not protect Missouri's lakes. Carroll stated that the lack of definition of the word excursion within the amendment means that interpretations can differ. Similarly, that excessive turbidity is not defined and suggests that Secchi depth would provide a stronger indicator. Carroll also states that the department should provide unique cyanobacteria criteria for aquatic life rather than relying on USEPA's Risk Assessment on Human Health.

RESPONSE: As noted by the commenter, the proposed numeric nutrient criteria include five (5) eutrophication factors on which impairment decisions will be based. The use of these eutrophication factors provides a weight-of-evidence approach that uses nutrient response conditions that indicate impairment in conjunction with nutrient screening thresholds. No definition of excursion criteria is required, because the rule language references the specific criteria for both pH and dissolved oxygen. These criteria can be found in 10 CSR 20-7.031(5)(E) and 10 CSR 20-7.031(5)(J) respectively. In addition, exceedance rates from water quality standards that result in impairment are presented in the department's Listing Methodology Document. Because water quality assessments are completed on a

biennial basis as part of its Clean Water Act sections 305(b) and 303(d) reporting efforts, the listing methodology document is the appropriate location for such references. Cyanobacteria counts presented in the proposed amendment were not derived from a USEPA document for acute human health criteria, but instead cell count values were derived as outlined in the "Rationale for Missouri Numeric Nutrient Criteria for Lakes, Nov. 21, 2016" on page 44, which was made available online during the public comment period with other reference documents. The use of mineral turbidity as an eutrophication factor is appropriate as it has been documented that mineral turbidity can have a negative effect on algal production, thereby inhibiting chlorophyll-a production that, if looked at alone, would obscure a water quality impairment. Although the use of a Secchi disk is one approach for measuring turbidity, the department will continue to evaluate other approaches as well for possible relationships between total suspended solids and chlorophyll-a production when developing future listing methodology documents. Future listing methodology documents to implement the numeric nutrient criteria for assessment purposes will be developed with input from stakeholders and the interested public. No changes have been made as a result of this comment.

COMMENT #10: Robert Brundage, Newman, Comley & Ruth on behalf of Associated Industries of Missouri, commented on the proposed 304(a) criteria. Brundage recommends the department hold off on adopting the 304(a) criteria, because USEPA is in the process of updating some of the criteria. Brundage commented that assumptions regarding the consumption of fish and water were adopted without studying Missourian's rates and expressed concern that the human health protection designated use extended to all Missouri Use Designation Dataset (MUDD) waters. Brundage also commented that many of the 304(a) criteria are more stringent and the fiscal note presumes no fiscal impact.
RESPONSE AND EXPLANATION OF CHANGES: Because of the concerns from the Associated Industries of Missouri and other stakeholders, the department is withdrawing the updated 304(a) Human Health Protection uses and associated criteria. This includes both the Organism Only and Organism + Water uses. The department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review. The existing Human Health Protection – Fish Consumption use and associated criteria will remain in Missouri's Water Quality Standards.

COMMENT #11: Trent Stober, HDR Engineering, commented that it is important that the state stays in control of its own programs and base lake nutrient criteria on information collected in the state. Stober stated the proposed criteria are an improvement over the criteria that were disapproved by USEPA in 2011. Stober suggested clarifications to the proposed amendment that would provide clarification without modifying the intent.
RESPONSE AND EXPLANATION OF CHANGES: The department appreciates HDR's support of the proposed Water Quality Standards amendment and agrees that it is in the state's best interest to adopt this amendment to avoid promulgation at the federal level. The department agrees that the suggested formatting and terminology changes provided by HDR will improve the clarity of the proposed nutrient criteria without changing its intent and have therefore incorporated these changes into the amendment. The department has also included additional clarification in regard to its responsibility to collect sufficient data and information from which to assess response assessment endpoints (i.e., eutrophication impacts).

COMMENT #12: Paul Calamita, general counsel for the AMCA, commented that the AMCA strives for balanced regulation, which needs to be affordable, cost-effective, and protective. Calamita further commented that there shouldn't be a one-size-fits-all approach and that the proposed numeric nutrient criteria were a compromise. Calamita stated that other non-nutrient changes to the rule correct legacy provisions that are wrong and should be corrected. Calamita urges adoption of the amendment.
RESPONSE: The department appreciates the AMCA's support and acknowledgement that the proposed amendment is an attempt to reach a compromise position satisfactory to all interested parties while still being adequately protective of designated uses. The department developed numeric nutrient criteria through a stakeholder process using Missouri specific data in order to ensure an appropriate level of protection for Missouri lakes. Missouri used a robust dataset comprised of nutrient related measurements from over two hundred (200) reservoirs throughout the state to support the development of reservoir nutrient criteria. This dataset includes over thirty-two thousand (32,000) records of chlorophyll and nutrient data, making it one (1) of the largest datasets used for criteria derivation. The data originated from various University of Missouri programs and special studies, but most notably from the LMVP and the SLAP. The department agrees that removal of outdated or disapproved criteria from the Water Quality Standards is appropriate and necessary. No changes have been made as a result of this comment.

COMMENT #13: Kevin Perry, REGFORM, expressed support for the proposed numeric nutrient criteria for lakes. Perry also expressed support for proposed changes to calculating hardness values and mixing zone requirements. Perry expressed concern about proposed 304(a) criteria associated with human health protection. Perry suggested the rule clarify that the organism plus water values should apply to waters designated with the drinking water supply use and not all waters. Perry also recommended that the proposed 304(a) criteria for the protection of human health be removed. Perry asked the commission to not adopt the twenty-two (22) grams per day fish consumption level or the 2.4 liter per day water consumption level.
RESPONSE AND EXPLANATION OF CHANGES: The department appreciates the support for changes associated with hardness values and mixing zone requirements. Because of REGFORM's and other stakeholders' concerns, the department is withdrawing inclusion of 304(a) criteria associated with human health protections. The department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review.

GENERAL WRITTEN COMMENTS:

GENERAL WRITTEN COMMENT #1: Support for the proposed numeric nutrient criteria for lakes: Comments received from the AMCA, the City of Independence, the City of Springfield, Daniel M. Kelly, Little Blue Valley Sewer District, Missouri Municipal League, and REGFORM provided general support for the proposed numeric nutrient criteria for lakes. In a similar comment, the Missouri Farm Bureau commented in support of the department's decision to move forward with the proposed numeric nutrient criteria in light of the litigation against USEPA to promulgate criteria if the state does not. HDR also commented in support of the proposed nutrient criteria, but also provided recommendations for revising the rule language to provide additional clarity and to more closely align the terminology and structure with USEPA's bioconfirmation approach, i.e., "Guiding Principles on an Optional Approach for Developing and Implementing a Numeric Nutrient Criterion that Integrates Causal and Response Parameters (USEPA-820-F-13-039, September 2013)."
RESPONSE: The department appreciates the support for the proposed numeric nutrient criteria for lakes. The department is proposing numeric nutrient criteria for lakes in order to address USEPA's August 2011 disapproval of proposed numeric nutrient criteria for lakes at 10 CSR 20-7.031(3)(N). 40 CFR section 131.22 states that if states do not adopt changes to water quality standards as a result of USEPA disapproval, then the USEPA shall propose and promulgate such standards. The department agrees that it is in the state's best interest to adopt this rule to avoid promulgation at the federal level. The department developed these criteria through a stakeholder process using Missouri specific data in order to ensure an appropriate

level of protection for Missouri lakes. The proposal responds to the agency's disapproval and concerns expressed in May 2016 by providing a nutrient criteria framework that is scientifically rigorous, reproducible, and connected to the aquatic life protection designated use. Missouri used a robust dataset comprised of nutrient related measurements from over two hundred (200) reservoirs throughout the state to support the development of reservoir nutrient criteria. This dataset includes over thirty-two thousand (32,000) records of chlorophyll and nutrient data, making it one of the largest datasets used for criteria derivation. The data originated from various University of Missouri programs and special studies, but most notably from the LMVP and the SLAP. The department agrees with and has incorporated into the amendment the suggested formatting and terminology changes provided by HDR to improve the overall clarity of the proposed nutrient criteria without changing the intent of the amendment. The department has also included additional clarification in regard to its responsibility to collect sufficient data and information from which to assess response assessment endpoints (i.e., eutrophication impacts). No changes have been made as a result of this comment.

GENERAL WRITTEN COMMENT #2: Support for proposed changes to pH and hardness criteria, mixing zone requirements, and adoption of Multiple Discharger Variance (MDV): Comments received from the AMCA and REGFORM provided general support for the change in the calculation for hardness using the median hardness value as well as support for changes to the mixing zone requirements. The AMCA also supported the adoption of the MDV and proposed changes to the pH criteria. Missouri Municipal League also provided general support for the adoption of the MDV. Several commenters (i.e., the cities of Independence and Springfield, the Little Blue Valley Sewer District, and the Missouri Municipal League) commented in support of those comments provided by the AMCA.

RESPONSE: The department appreciates the supportive comments on the proposed revisions to Missouri's Water Quality Standards. The department agrees that the proposed mixing zone clarifications and adoption of the MDV are in the best interest of Missouri as it allows flexibility in determining appropriate cost-effective measures while maintaining appropriate protections for applicable designated uses in receiving waters. The proposed rule change to the pH criteria was submitted by stakeholders in response to the department's "Public Notice of Intent to Initiate Triennial Review of Missouri Water Quality Standards." The department's research indicates that many states, including those that border Missouri, interpret pH as a chronic rather than an acute condition. The proposed revisions requested by stakeholders will aid in clarifying the intent and protections of the pH criteria and will provide relief to permitted facilities. No changes have been made as a result of this comment.

GENERAL WRITTEN COMMENT #3: Associated Industries of Missouri, REGFORM, Missouri Municipal League, Missouri Public Utility Alliance, City of Columbia, National Waste & Recycling Association, and the Doe Run Company all provided comments expressing concern or opposition to the proposed adoption of USEPA's nationally recommended 304(a) criteria for the protection of human health. Specific concerns included uncertainty pertaining to assumed fish and water consumption rates, acceptable cancer risk incidence rates, the lack of state-specific data and analysis, ongoing USEPA studies, "compounded conservatism," uncertainty about what waters the criteria apply, and the potential for permit limits that are below existing detection limits.

RESPONSE AND EXPLANATION OF CHANGES: The department recognizes the concerns regarding the proposed 304(a) criteria for the protection of human health. Because of these comments, the department is withdrawing the updated 304(a) Human Health Protection uses and associated criteria. This includes both the Organism Only and Organism + Water uses. The department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review. The existing Human Health Protection – Fish Consumption use and associated criteria will remain in Missouri's Water Quality Standards.

SPECIFIC WRITTEN COMMENTS:

SPECIFIC WRITTEN COMMENT #1: REGFORM commented that the existing pH criteria range of 6.5 to 9.0 pH units is overly restrictive and requests that 10 CSR 20-7.031(5)(C) be amended to replace the lower criterion value from 6.5 to 6.0. The commenter states that this less stringent value is used for federal effluent limits and some potable water suppliers.

RESPONSE: The proposed rule change to the pH criteria was submitted by stakeholders in response to the department's "Public Notice of Intent to Initiate Triennial Review of Missouri Water Quality Standards." The proposed revisions clarify the duration and frequency of the pH criteria stating that it is to be interpreted as a chronic rather than an acute condition, thereby providing appropriate relief to permitted facilities. Regarding the request to modify the range of the pH criteria, no supporting information was provided for the department to evaluate whether such a change would adequately protect applicable designated uses. In order to maintain adequate and scientifically defensible protection of aquatic life, the department has not altered the existing numerical range at this time. The current pH criteria are consistent with USEPA's National Recommended Water Quality Criteria for the protection of aquatic life and is based upon USEPA's "Quality Criteria for Water, 1976" (aka "Red Book"). This document notes that pH levels within the range of 6.5 to 9 "provide adequate protection for the life of freshwater fish and bottom dwelling invertebrate fish food organisms." Outside of this range, fish "suffer adverse physiological effects increasing in severity as the degree of deviation increases until lethal levels are reached." The description of pH toxicity in USEPA's criteria document suggests that values within the pH range are protective against chronic effects, while deviations outside the range may lead to acutely toxic or lethal conditions. While the department is not proposing any changes to the numerical pH range at this time, the department will continue to review, establish, and revise water quality standards as appropriate through the triennial review process. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #2: The City of Blue Springs commented on the removal of site-specific dissolved oxygen criteria for Sni-a-Bar Creek in Table K of 10 CSR 20-7.031. Blue Springs notes that the criteria were established in 2011 and expired on October 31, 2014. Blue Springs references a 2014 comment letter in which the city indicates that available data confirm that the site-specific criteria were protective of aquatic life designated uses. The city requests that the site-specific dissolved oxygen criteria be made permanent and be considered by the department during this rulemaking or in the department's next rulemaking effort. The city further states that, if necessary, it will compile and submit additional information to supplement their 2014 comment letter.

RESPONSE: As noted by the commenter, the site-specific dissolved criteria for Sni-a-Bar Creek expired on October 31, 2014. The proposed changes to remove expired or disapproved criteria in Table K are to update the rule to reflect current applicable water quality standards. Although the department is not proposing new site-specific criteria for Sni-a-Bar Creek at this time, the department will review any additional data and supportive information the City of Blue Springs provides for consideration in future rulemaking efforts. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #3: Ralph C. Schlemper, Friends of Fox Creek, commented that the criteria in the water quality standards should be stricter and that more pollutants should be included, such as pharmaceuticals. The commenter also stated that stricter permit requirements should be implemented for the Franklin County Public Water Supply District #3 Victoria Gardens Wastewater

Treatment Facility, permit number MO-0089656.
RESPONSE: The department adopts water quality criteria that are appropriate for the protection of designated uses based on available USEPA 304(a) nationally recommended criteria or develops criteria using state-specific data. Currently, the USEPA has no nationally recommended water quality criteria for pharmaceuticals, nor is there adequate state-specific data for developing appropriate pharmaceutical water quality criteria. For these reasons, no pharmaceutical water quality criteria are being proposed at this time. The permitting and compliance concerns expressed in the letter will be addressed by the Department's Water Protection Program's Permitting and Compliance and Enforcement Section since they do not relate to this rulemaking. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #4: Jeannie Robbins commented that it does not make sense for Truman Lake to have less stringent nutrient criteria than Lake of the Ozarks since Truman Lake feeds into Lake of the Ozarks.
RESPONSE: The proposed numeric nutrient criteria represent the desired condition for a water body that is necessary to protect the applicable designated uses assigned in rule. Because of differences in watershed topography, soils, and geology, nutrient criteria for lakes are determined by the use of four major ecoregions based upon the dominant watershed ecoregion. Using this approach, the dominant watershed ecoregion potentially contributing nutrient loading to Truman Lake is the Plains Ecoregion. Because of the impoundment of Truman Lake, the dominant watershed contributions to Lake of the Ozarks would result from within the Ozark Highlands making that ecoregion's values the applicable nutrient criteria for Lake of the Ozarks. Although water from Truman Lake does eventually discharge into Lake of the Ozarks, some settling and nutrient attenuation is expected. Additionally, because the criteria are expressed as geometric means, any individual measurements greater than the numeric criteria values do not in and of themselves indicate an excursion of water quality standards. Further protection of Lake of the Ozarks will be implemented as a result of added general criteria at 10 CSR 20-7.031(4)(E), which requires that waters shall maintain a level of water quality at their confluences to downstream waters that provides for attainment and maintenance of the water quality standards of those downstream waters. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #5: The AMCA, the Poultry Federation, and Tyson Foods, Inc. commented that the proposed sulfate and chloride criteria are not appropriate for Missouri waterbodies and may be overprotective. All commenters recommend that hardness-based criteria instead be considered. The Poultry Federation also recommends that 10 CSR 20-7.031(5)(L)2. be removed and 10 CSR 20-7.031(5)(L)1. be revised to apply to all waters regardless of flow. Tyson Foods requests that the chloride plus sulfate language in the proposed regulation be tabled.
RESPONSE AND EXPLANATION OF CHANGES: Proposed sulfate and chloride rule language at 10 CSR 20-7.031(5)(L) is a reversion to rule language in place prior to USEPA's 2015 disapproval of existing sulfate and chloride criteria. Because of this disapproval, the earlier acute criterion for chloride of eight hundred sixty (860) mg/L and chronic criterion of two hundred thirty (230) mg/L has remained in effect. For this reason, the department is updating the rule to reflect actual effective criteria currently in place and currently being implemented. The department will continue to review, establish, and revise water quality standards as appropriate through the triennial review process.

SPECIFIC WRITTEN COMMENT #6: Lacey Hirschvogel, Missouri Department of Natural Resources, commented that, based on conversations with USEPA, Table J of the rule should be updated to include information for the approved variances for the cities of Fulton and Kirksville.
RESPONSE AND EXPLANATION OF CHANGES: It is the intent of the department to include information pertaining to approved variances in Table J of 10 CSR 20-7.031 as well as incorporating into the MUDD. For this reason, the information pertaining to the approved variances for the City of Fulton and the City of Kirksville will be added to Table J. These additions do not represent a change in currently effective water quality standards. Although Table J was reserved in the draft amendment revisions available on public comment for inclusion of variance information, the rule language itself neglected to reference the table. For this reason, the language included in 10 CSR 20-7.031(12) will be modified to include a reference to Table J in addition to the MUDD.

SPECIFIC WRITTEN COMMENT #7: USEPA commented that the new numeric criteria Tables A1 and A2 and Tables B1, B2, and B3 should be referenced within the text of the rule, and states that the proposed amendment references these five (5) tables as Table A and Table B in numerous locations.
RESPONSE: The department disagrees with this comment, in that the proposed amendment that was published in the October 16, 2017 *Missouri Register* correctly included the tables identified by USEPA. No changes were made as a result of this comment. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #8: USEPA commented that losing streams are defined in 10 CSR 20-7.031(1)(O), which refers to an undated geospatial dataset maintained by the department. USEPA believes it is important to understand that no previously designated or new losing streams in the digital geospatial dataset lose the protections afforded by the bacteria criteria and other more protective restrictions as a result of this change. USEPA asks the department to clarify if these streams will maintain their protective status and application of the same water quality standards as they are currently applied.
RESPONSE: Changes to 10 CSR 20-7.031(1)(O) do not alter how losing stream provisions in rule are currently applied. The MUDD documents the names and locations of rivers, streams, lakes, and reservoirs that have been assigned designated uses. These uses include the presumed "fishable/swimmable" uses assigned under section 101(a)(2) of the federal Clean Water Act and uses already designated in Tables G and H of Missouri's Water Quality Standards. Information on designated uses and the MUDD can be found at 10 CSR 20-7.031(1)(C) and (P), respectively, and their assignment for Clean Water Act purposes at 10 CSR 20-7.031(2). Table J of 10 CSR 20-7.031 contains streams that have been determined to be losing pursuant to the definition and procedures described at 10 CSR 20-7.031(1)(N). Losing streams distribute greater than thirty percent (30%) or more of their flow to the subsurface and constitute a hydrologic and geologic characteristic of the stream. The losing stream determination does not characterize or assess habitat or any other use of the water body, just its hydrologic nature. Table J has historically been used to keep an updated list of losing streams in the state. However, the table is static, out of date, and not integrated into department online electronic applications or online services. The current Table J has a total of two thousand three hundred eighty-one (2,381) miles of streams determined to be losing, which is far less than currently found in the geospatial dataset (five thousand two hundred seventy-seven (5,277) miles). The change in reference from Table J to a geospatial dataset will allow the public and end users the ability to have the most up-to-date information on losing streams in the state. There is no one-to-one relationship between the MUDD and Table J because they are separate datasets with separate applications. However, there is spatial overlap in the data sets since both use the 1:24,000-scale National Hydrography Dataset flow-line work for geo-referencing. The current losing stream geospatial dataset has seven thousand three hundred five (7,305) losing stream segments that total five thousand two hundred seventy-seven (5,277) miles. Of these segments, four thousand seven

hundred sixty-six (4,766) segments totaling four thousand fifty-one (4,051) miles have a corresponding water body with the same spatial extent in the MUDD. There is overlap between the two (2) datasets for four thousand fifty-one (4,051) miles where a stream is both losing and has aquatic habitat protection. The remainder of the losing stream dataset has two thousand five hundred thirty-nine (2,539) segments with a length of one thousand two hundred twenty-six (1,226) stream miles that are not assigned designated uses, but continue to receive general narrative criteria protection. As found at 10 CSR 20-7.031(4), general narrative criteria protections apply to all waters of the state at all times, including mixing zones. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #9: USEPA commented on the revised language for the definition of Ozark Stream found at 10 CSR 20-7.031(1)(V) of the proposed amendment. USEPA states that it is unclear from the proposed amendment or supporting documentation what, if any, differences exist between the 1989 version and subsequent amendments or additions which are affirmatively excluded per the revised language. USEPA asks for clarification as to why this change was necessary and what effect is realized through the revised definition.

RESPONSE: The department revised this definition to maintain consistency in the manner in which documents are referenced throughout the rule. This modification does not change the document referenced nor does it result in any changes in how water quality standards are implemented. No changes were made as a result of this comment.

SPECIFIC WRITTEN COMMENT #10: USEPA commented on the revised definition for "waters of the state" as found at 10 CSR 20-7.031(1)(EE) of the proposed amendment. USEPA notes the revision makes the definition consistent with state statute at section 644.016, RSMo. USEPA asks the department to provide clarification that the definition does not limit the application of Clean Water Act protections to waters of the United States and waters of the state that may be entirely located on private property.

RESPONSE: The definition of waters of the state was revised in order to remain consistent with section 644.016, RSMo. This revision does not affect the applicability or implementation of the rule from current policies and procedures. Specific criteria at 10 CSR 20-7.031(5) remain applicable to waters contained in Tables G and H and the MUDD. General narrative criteria at 10 CSR 20-7.031(4) remain applicable to all waters of the state at all times including mixing zones. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #11: USEPA commented that the revised general criterion for mixing zones at 10 CSR 20-7.031(4)(D) of the proposed amendment explicitly allows acute toxicity to occur in zones of initial dilution and chronic toxicity to occur in mixing zones. USEPA notes that a mixing zone is an allocated impact zone where water quality criteria can be exceeded as long as acutely toxic conditions are prevented. USEPA recommends removing the revision explicitly allowing acute toxicity to occur in zones of initial dilution. USEPA also recommends that multiple discharges in the same stream should be located on the same side of the stream to support a zone of passage. USEPA recommends the mixing zone language should specifically address the need for a zone of passage.

RESPONSE AND EXPLANATION OF CHANGE: The department has revised 10 CSR 20-7.031(4)(D) to remove the allowance of acute toxicity in zones of initial dilution, but clarify that excursions of "acute toxicity criteria" may be allowed by permit in these areas. The language is now consistent with definitions of "mixing zone" and "zones of initial dilution" at 10 CSR 20-7.031(1)(R) and (HH), respectively. Missouri's Water Quality Standards define "zone of passage" at 10 CSR 20-7.031(1)(II) and the mixing zone subsection, 10 CSR 20-7.031(5)(A)4.E. requires that zones of passage be provided.

SPECIFIC WRITTEN COMMENT #12: USEPA commented that revisions to the pH criteria at 10 CSR 20-7.031(5) of the proposed amendment change the application of this criteria from an acute (instantaneous) value to a chronic value (four- (4-) day average). USEPA states that the department should clarify why this change is scientifically defensible and protective of the use in order to support approval.

RESPONSE: In order to maintain adequate and scientifically defensible protection of aquatic life, the department has not altered the existing numerical range. Application of the criteria as chronic values is consistent with USEPA's National Recommended Water Quality Criteria for the protection of aquatic life and is based upon USEPA's "Quality Criteria for Water, 1976" (aka "Red Book"). This document notes that pH levels within the range of 6.5 to 9 "provide adequate protection for the life of freshwater fish and bottom dwelling invertebrate fish food organisms." Outside of this range, fish "suffer adverse physiological effects increasing in severity as the degree of deviation increases until lethal levels are reached." The description of pH toxicity in USEPA's criteria document suggests that values within the pH range are protective against chronic effects. Likewise, USEPA's National Recommended Aquatic Life Criteria table available online at USEPA's website also identifies pH as a chronic pollutant for fresh water, citing the same range as that provided in Missouri's Water Quality Standards. 10 CSR 20-7.031(1)(E) provides that chronic numeric criteria (with the exception of total ammonia nitrogen) should be considered four- (4-) day averages. For water quality assessment purposes, the department will continue to determine impairment based on pH criteria when no more than ten percent (10%) of all grab samples exceeding the water quality criteria. When continuous data is available, the department will evaluate compliance with pH criteria as a four- (4-) day average with no more than one (1) exceedance per year. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #13: USEPA commented that the MDV is inconsistent with 40 CFR section 131.14 without the identification of waterbodies to which the water quality standards variance applies. USEPA comments that a March 1, 2017 draft of the MDV framework included a list of water body segments where the MDV could potentially be utilized and noted its removal in the September 15, 2017 MDV document. USEPA also suggests that the MDV document proposed for adoption through reference in 10 CSR 20-7.031(12)(B) of the proposed amendment was made available for comment on November 20, 2017. USEPA states that this is inconsistent with 40 CFR section 25.5(b), which requires documents relevant to the discussion at a public hearing to be made available at least thirty (30) days prior to the hearing.

RESPONSE: The list of water body segments where the MDV could potentially be utilized was removed from MDV Framework as it caused confusion among stakeholders and did not add value to the framework. Furthermore, the USEPA's Water Quality Standards (WQS) Variance Building Tool Flow Chart specifically states, *"in circumstances where the state or authorized tribe cannot identify the applicable discharger(s) at the time the WQS variance is adopted, the state or authorized tribe may establish requirements that identify those dischargers in the future. Identify the specific requirements that each discharger must meet to be eligible for coverage under the desired WQS variance and the potential universe of receiving waters."* The MDV Framework provides the requirements to identify which dischargers would qualify in the future and the potential universe of receiving waters by stating, "*3. Qualifying Dischargers: The potential applicants for the MDV includes minor municipal, Publicly Owned Treatment Works (POTW), multi-celled facultative lagoon systems where the residents of the community would experience a substantial and widespread social and economic impact if required to comply with the WQS used to derive the water quality based effluent limit (WQBEL) for total ammonia nitrogen. To qualify for this variance, the applicant's lagoon system must meet the standards of a*

well-functioning lagoon system.…the requirements of well-functioning lagoon systems are found in Appendix A." whereas, Appendix A states that, "*This [well-functioning lagoon] determination is not intended to address facilities that discharge to waters where wasteload allocations exist for total ammonia nitrogen."* Therefore, it is clear that the MDV Framework will be applicable to all waters of the state except where a wasteload allocation exists for total ammonia nitrogen. Furthermore, additional transparency as to which waterbodies are affected by the MDV when the permitted discharger has qualified for a variance from the water quality standards of total ammonia nitrogen and the permit is public noticed for thirty (30) days per 10 CSR 20-6.020 and available for public viewing online at dnr.mo.gov/env/wpp/permits/pn/index.html. After permits are issued under the terms and conditions of this MDV Framework; the municipality name, facility name, Missouri State Operating Permit number, receiving stream name, first classified water body identification (WBID) number, 8-digit hydrologic unit code (HUC 8), discharge location in Universal Transverse Mercator (UTM) coordinates, permit effective date, numeric highest attainable effluent conditions, and variance expiration date for each recipient of the variance will be tracked in a table found on the department's website at: dnr.mo.gov/env/wpp/permits/wqs-variances.htm.

The department disagrees that the MDV only became publicly available on November 20, 2017. The MDV was identified in the October 16, 2017 *Missouri Register* and has been publicly available in its final form to anyone since that date. It has also been the focus of two (2) public notices and comment periods. The first public notice period was a thirty- (30-) day period starting on May 6 through June 6, 2016. The second public notice was a thirty- (30-) day period starting on March 1 through March 30, 2017. The comments and comment response letters from the second public notice can be found online at dnr.mo.gov/env/wpp/permits/wqs-variances.htm. Further, this MDV Framework has gone through the formal stakeholder engagement process as it has been a standing item on the agenda during the Missouri Clean Water Forum. The department incorporated comments received from stakeholders into the MDV Framework where necessary prior to finalizing the document on September 15, 2017. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #14: USEPA commented that Table A1 lists human health protection criterion values for Benzo-a-Pyrene as being based on carcinogenicity risk of 10^{-5}. USEPA states that these values need to be corrected to be based on a carcinogenicity risk of 10^{-6} to be consistent with the rule.
RESPONSE AND EXPLANATION OF CHANGES: Because of concerns expressed through stakeholder comments, the department is withdrawing the updated 304(a) Human Health Protection uses and associated criteria. This includes both the Organism Only and Organism + Water uses. Department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review. The existing Human Health Protection – Fish Consumption use and associated criteria will remain in Missouri's Water Quality Standards.

SPECIFIC WRITTEN COMMENT #15: The U.S. Fish and Wildlife Service commented that the department should consider how changes to mixing zone requirements, pH criteria, and the MDV Framework might affect various federally listed endangered species. In a similar comment, the Great Rivers Environmental Law Center commented that the proposed amendment fails to establish updated water quality criteria for ammonia and results in violation of the Endangered Species Act.
RESPONSE AND EXPLANATION OF CHANGES: Proposed water quality criteria are established at levels that protect applicable designated uses including the protection and propagation of fish, shellfish and wildlife. Proposed changes to the Water Quality Standards rule for pH and mixing zones provide clarification and additional flexibility, but do not reduce protections of the underlying designated use. The department will continue to review, establish, and revise water quality standards as appropriate through the triennial review process. The department is not adopting USEPA national recommended 304(a) criteria for ammonia in this rule making, but will continue to review the appropriateness of existing water quality standards and intends to establish and revise water quality standards as appropriate through a future triennial review.

For facilities applying for variances from existing water quality standards under the MDV, site-specific considerations will be made to ensure protections of the highest attainable effluent condition in accordance with federal regulations at 40 CFR section 131.3(o). Additionally, it is the department's practice to require all variance applicants to provide results from the Natural Heritage Review Report. The permit holder will submit a query to the Missouri Department of Conservation requesting information about species and natural communities of conservation concern at the point of discharge. The results will indicate whether federally-or state-listed threatened or endangered species, including those proposed for such listing, or critical habitat, designated or proposed, are located at the point of discharge. If results indicate that a federally- or state-listed threatened or endangered species or their critical habitat are currently at or near the point of discharge, the applicant is to provide the list of the threatened or endangered species or their habitats, including those proposed for listing, and the justification as to why the issuance of this variance does not jeopardize their continued existence or the existence of their habitat. It is not anticipated that the granting of variances to qualifying applicants will jeopardize threatened or endangered species or result in the destruction or adverse modification of such species' critical habitat.

Specifically regarding ammonia criteria, the department is deferring water quality criteria updates for this as well as aluminum, cadmium, manganese, and bacteria/pathogens to a future rulemaking following stakeholder group discussion. Existing USEPA-approved ammonia criteria at 10 CSR 20-7.031(5)(B)7. for the protection of designated recreational uses remain effective.

SPECIFIC WRITTEN COMMENT #16: The Great Rivers Environmental Law Center commented that the Missouri Antidegradation Rule and Implementation Procedure (AIP), fails to address concerns raised by USEPA during the last triennial review, which resulted in the 2015 disapproval of 10 CSR 20-7.031(3)(D).
RESPONSE: The proposed amendment adopts the revised AIP approved by the commission on July 13, 2016. These revisions to the AIP were made in response to USEPA's notification that the *de minimis* provision in Missouri's AIP made no distinction between bioaccumulative versus non-bioaccumulative pollutants. Adoption and reference to an approved AIP addresses USEPA's concerns. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #17: The Great Rivers Environmental Law Center commented that 10 CSR 20-7.031(12) fails to remove references to sections 644.061 and 644.062, RSMo, in violation of 40 CFR section 130.10(g).
RESPONSE AND EXPLANATION OF CHANGE: The language, "A variance from water quality standards shall comply with 40 CFR 131.14." was added to 10 CSR 20-7.031(12) to distinguish between state variances covered under state statute and variances from water quality standards which must meet the requirements of 40 CFR 131.14.

SPECIFIC WRITTEN COMMENT #18: The Great Rivers Environmental Law Center commented that the proposed amendment fails to designate uses and establish criteria for wetlands.
RESPONSE: Although no specific wetland criteria or designated uses are being proposed at this time, all waters of the state are protected by the general narrative criteria at 10 CSR 20-7.031(4). The department will, through a stakeholder process, continue to discuss the application of designated uses to wetlands and will propose such

uses and appropriate criteria in a future triennial review. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #19: The Great Rivers Environmental Law Center commented that the proposed amendment fails to establish criteria for waters designated with the ephemeral aquatic habitat use.
RESPONSE: There are no waters in Missouri designated for ephemeral aquatic habitat use and the department is not proposing criteria for the protection of this use at this time. All waters of the state are protected by the general narrative criteria at 10 CSR 20-7.031(4) and the specific criteria at 10 CSR 20-7.031(5) remain applicable to waters contained in Tables G and H and the MUDD. The department will continue to review the appropriateness of existing water quality standards, and establish and revise water quality standards as appropriate through a future triennial review. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #20: The Great Rivers Environmental Law Center commented that the proposed amendment fails to update bacteria criteria.
RESPONSE: Water quality criteria updates for aluminum, cadmium, manganese, ammonia, and bacteria/pathogens will be deferred to a future rulemaking following stakeholder group discussion. Existing USEPA-approved bacteria criteria at 10 CSR 20-7.031(5)(C) for the protection of designated recreational uses remain effective. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #21: The Great Rivers Environmental Law Center commented that the adoption of 10 CSR 20-7.031(4)(E) will help protect Missouri's waterways.
RESPONSE: The department appreciates the Great Rivers Environmental Law Center's support for the added provision to protect downstream water quality as a general criteria at 10 CSR 20-7.031(4)(E). No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #22: The Great Rivers Environmental Law Center commented that the adoption of various 304(a) National Recommended Criteria, especially human health criteria, will help protect Missouri's water recreationists.
RESPONSE AND EXPLANATION OF CHANGES: The department appreciates the Great Rivers Environmental Law Center's support for the proposed 304(a) criteria for the protection of human health. Because of numerous comments received expressing concern about the proposed criteria, the department is withdrawing the updated 304(a) Human Health Protection uses and associated criteria. This includes both the Organism Only and Organism + Water uses. The department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review. The existing Human Health Protection – Fish Consumption use and associated criteria will remain in Missouri's Water Quality Standards.

SPECIFIC WRITTEN COMMENT #23: The AMCA commented on the need for a clerical correction to 10 CSR 20-7.031(5)(S)1.B. to correct the reference to the definition of water effect ratio.
RESPONSE AND EXPLANATION OF CHANGE: The department appreciates the AMCA for pointing out this error. The reference at 10 CSR 20-7.031(5)(S)1.B. to the water effect ratio definition has been corrected.

SPECIFIC WRITTEN COMMENT #24: The AMCA commented that while it supports the proposed numeric nutrient criteria, screening thresholds should not be converted to water quality standards for Total Maximum Daily Load (TMDL) purposes. The Association stated that a more appropriate approach for these circumstances would be to trigger development of site-specific criteria and then base a TMDL on those criteria. The Association urged the department to clarify this in either this rulemaking or the next update to this regulation.
RESPONSE: The TMDL language at 10 CSR 20-7.031(5)(N)1.C.(I)(b) of the proposed amendment has been removed. As a result, the rule does not contemplate that Table M screening values will necessarily serve as water quality standards for TMDL purposes. TMDLs must be established at levels necessary to attain and maintain all applicable water quality criteria and protect the uses. This includes the Table L criteria and the Table M threshold values plus eutrophication factors. The department will establish load allocations and wasteload allocations to meet the criteria and protect uses on a watershed-specific basis for each impaired water body. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #25: The AMCA commented that the formulas for hardness dependent metals criteria in Table A2 of the proposed amendment should be modified to include the water effect ratio. The AMCA clarifies that the water effect ratio should be assigned a value of one (1) unless the department approves a water effect ratio study that yields a different value.
RESPONSE: No changes to hardness based metals criteria to include a default water effect ratio factor are being proposed at this time. Site-specific considerations will be made individually for each water effects ratio study for use in developing appropriate permit effluent limits. The department will review the appropriateness of the requested change during the next triennial review. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #26: The Missouri Corn Growers Association and Missouri Soybean Association jointly commented that their position remains that more effective alternatives exist to numeric nutrient criteria and recognize that the department is moving forward in response to a 2016 federal consent decree. These associations also expressed concern that the proposed numeric nutrient criteria may result in perpetual water quality impairments of northern Missouri lakes and that these concerns should be addressed by the department during implementation by affording maximum flexibility in any assessment and restoration process.
RESPONSE: The department agrees that it is in the state's best interest to adopt this amendment to avoid promulgation at the federal level. The department will complete water quality assessments in accordance with established listing methodologies on a biennial basis as part of its Clean Water Act sections 305(b) and 303(d) reporting efforts. Both future listing methodology documents and 303(d) lists of impaired waters will be developed with input from stakeholders and the interested public. Restoration efforts will primarily be completed through an adaptive implementation approach that makes progress toward achieving water quality goals while using new data and information to adjust implementation activities. The department will, through the triennial review process, continue to evaluate the appropriateness of existing water quality standards and may consider site-specific criteria based on a sound scientific rationale that protect designated uses as provided in 40 CFR 131.11(b)(1)(ii). No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #27: Missouri Agribusiness Association (MO-AG) commented that although not all concerns have been alleviated, but MO-AG does not oppose the proposed numeric nutrient criteria. MO-AG commented that the most concerning item is the proposed chlorophyll-a criterion of 30 μg/L and the screening value of 18 μg/L for Missouri lakes in the plains ecoregion. MO-AG commented that these lakes are managed for sport fish and the proposed criteria are overly protective.
RESPONSE: Proposed numeric water quality criteria for nutrients are protective of applicable designated aquatic life uses as required in 40 CFR section 131.11. Missouri does not currently have a specific sport fish designated use and the applicable aquatic life use is

protective of all aquatic species. The habitats of the species across Missouri lakes vary greatly. The numeric criteria will protect sport fish, their respective prey, and sensitive species that may exist in the lake ecosystem. The 30 μg/L criterion and 18 μg/L threshold values for chlorophyll-a are appropriately protective of lakes in the Plains ecoregion in Missouri and have been outlined in the supporting documentation and rationale. Using sport fishery status as an indicator of aquatic life use protection is ecologically justified because sport fish are generally apex predators in reservoir systems. The department's findings show that the health of sport fish populations can be interpreted as an indicator of overall ecosystem health and the presence of a wide variety of aquatic biota, which is consistent with 10 CSR 20-7.031(1)(C)1.A. and 40 CFR 131.11(a). No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #28: Missouri Coalition for the Environment, Missouri Farmers Union, Great Rivers Environmental Law Center, Missouri Sierra Club, Great Rivers Habitat Alliance, Bridging the Gap, and St. Louis Audubon provided joint comments on the proposed numeric nutrient criteria. These groups commented that the criteria do not include specific values for the protection of drinking water supply or recreational uses. These groups also comment that the chlorophyll-a and nutrient screening values approach does not constitute numeric nutrient criteria.

RESPONSE: The department revised the draft amendment to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. Stakeholders had also raised concerns that the proposed raw drinking water source criteria were developed using a potentially overly conservative approach based on finished drinking water levels. The department notes that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and is therefore protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criterion proposed for drinking water supply protections, 25 μg/L, is 5 μg/L. Recognizing that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water *after treatment* by public water treatment facilities (emphasis added), the department determined that the 5 μg/L difference will not significantly affect the ability of drinking water treatment operations to provide drinking water that meets Safe Drinking Water standards. As noted in research cited with the proposed rule, microcystins were not detected in Missouri reservoirs eighty percent (80%) of the time (one thousand three hundred thirty-one (1,331) non-detects out of one thousand six hundred fifty-eight (1,658) samples); where detected, they generally were found at low levels. Microcystin concentrations in raw water greater than 0.3 μg/L (n = 140), the USEPA health advisory level for bottle-fed infants and young children for finished drinking water, occurred in less than ten percent (10%) of the samples with a median chlorophyll-a concentration of 33.5 μg/L. The 30-μg/L chlorophyll-a criterion proposed for aquatic life in the Plains ecoregion, which would apply to raw drinking water sources, ensures the probability of microcystin occurrence for finished water is less than ten percent (10%). Therefore, the aquatic life criterion adequately protects drinking water sources from impairment with respect to the algal toxin microcystin. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Research and information continue to develop at the national level with respect to nutrient impacts and criteria for the protection of recreational uses. Missouri intends to pursue numeric nutrient criteria for recreational designated uses during a future rulemaking. This effort will allow studies currently underway by USEPA and others on the effects of cyanotoxins on recreational uses to mature, and for the state to conduct user perception surveys of algae by the recreating public. Although specific criteria for the protection of recreational uses are not specified, the inclusion of both causal and response threshold values provides additional water quality protections.

The inclusion of screening values as well as eutrophication factors provides a weight-of-evidence approach to understand nutrient response conditions and how they impair designated uses. The screening values are intended to supplement chlorophyll criteria and provide additional protections to Missouri lakes. Screening values provide a quantitative metric for flagging lakes in need of additional evaluation. Lake impairments that might otherwise go unnoticed are more likely to be identified and corrective measures can be taken earlier. This process also reduces the likelihood of false positive impairment decisions that would direct Missouri's limited resources away from restoration priorities. Additionally, screen values are set at levels considerably lower than the criteria identified as protective of aquatic life. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #29: Washington University School of Law Interdisciplinary Environmental Clinic commented on the numeric nutrient criteria for lakes. The commenter noted that the criteria do not include specific values for the protection of drinking water supply or recreational uses. The commenter also stated that the proposed criteria do not provide adequate protection of aquatic life and they oppose the use of a screening-value approach. The commenter expresses concern regarding the implementation of the nutrient criteria in permits. Also concern is expressed regarding the inclusion and use of the five (5) eutrophication factors contained in the nutrient criteria. As a supplement to their comments Washington University provided additional assessment and recommendations of the proposed amendment from JoAnn Burkholder, Ph.D.

RESPONSE: The department revised the draft amendment to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. As a result of this change the RIR was modified and made available for a second public comment period. Public notice was made noting the public of the change and available documentation was provided on the department's website for public review and comment. As a result of this change, the department noted that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and is therefore protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criterion proposed for drinking water supply protections, 25 μg/L, is 5 μg/L. Recognizing that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water *after treatment* by public water treatment facilities (emphasis added), the department determined that the 5 μg/L difference will not significantly affect the ability of drinking water treatment operations to provide drinking water that meets Safe Drinking Water standards. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also

continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Research and information continue to develop at the national level with respect to nutrient impacts and criteria for the protection of recreational uses. Missouri intends to pursue numeric nutrient criteria for recreational designated uses during a future rulemaking. This effort will allow studies currently underway by USEPA and others on the effects of cyanotoxins on recreational uses to mature, and for the state to conduct user perception surveys of algae by the recreating public. Although specific criteria for the protection of recreational uses are not specified, the inclusion of both causal and response threshold values provides additional water quality protections.

Regarding protections for aquatic life, numeric nutrient criteria were derived based on trophic status ranges by ecoregion. The richest species diversity index from each ecoregion was used as the target for the trophic status based on a corresponding range of chlorophyll-a. The criteria were derived by finding the level of algal growth that promotes sustainable biotic diversity by being neither a limiting factor from its scarcity nor a limiting factor from its obstructive presence in large quantities. The screening values are intended to supplement chlorophyll criteria and provide additional protections to Missouri lakes. Screening values provide a quantitative metric for flagging lakes in need of additional evaluation. Lake impairments that might otherwise go unnoticed are more likely to be identified and corrective measures can be taken earlier. This process also reduces the likelihood of false positive impairment decisions that would direct Missouri's limited resources away from restoration priorities. Additionally, screening values are set at levels considerably lower than the criteria identified as protective of aquatic life.

The nutrient criteria framework will be implemented through state operating permits where reasonable potential to cause or contribute to downstream excursions of applicable water quality standards exists. Wasteload allocation and effluent-limit derivation will follow established state and federal guidance for deriving nutrient effluent limits to ensure downstream water quality standards are attained. Furthermore, the proposed amendment states that where site-specific targets are lacking for impaired waters, nutrient screening thresholds will be used for TMDL development. Implementation of nutrient effluent limitations and TMDL wasteload allocations may drive upgrades in wastewater treatment.

The use of the five (5) eutrophication factors provides a weight-of-evidence approach that uses nutrient response conditions that can impair designated uses with nutrient screening thresholds. The department's proposal reflects the understanding that a narrative standard to support a factor in nutrient impairment that may not be covered by the criterion and threshold values currently proposed. Proving the fish were killed by nutrient impacts will be documented by the monitoring and assessment of physical and chemical parameters at the site and compared to information provided in the Missouri Department of Conservation's fish kill database. No definition of excursion criteria is required, because the rule language references the specific criteria for both pH and dissolved oxygen. These criteria can be found in 10 CSR 20-7.031(5)(E) and 10 CSR 20-7.031(5)(J) respectively. In addition, exceedance rates from water quality standards that result in impairment are presented in the Department's Listing Methodology Document. Because water quality assessments are completed on a biennial basis as part of its Clean Water Act sections 305(b) and 303(d) reporting efforts, the listing methodology document is the appropriate location for such references. In contrast with the assertion that cells per volume in relation to cyanotoxins were derived from a USEPA document for acute human health criteria, the department instead derived its cell count values as outlined in the "Rationale for Missouri Numeric Nutrient Criteria for Lakes, Nov. 21, 2016" on page 44, which was made available online with other reference documents. The use of mineral turbidity as an eutrophication factor is appropriate as it has been documented that mineral turbidity can have a negative effect on algal production, thereby inhibiting chlorophyll-a production that, if looked at alone, would obscure a water quality impairment. Although the use of a Secchi disk is one approach for measuring turbidity, the department will continue to evaluate other approaches as well for possible relationships between total suspended solids and chlorophyll-a production when developing future listing methodology documents. Future listing methodology documents to implement the numeric nutrient criteria for assessment purposes will be developed with input from stakeholders and the interested public.

The department appreciates the supplemental information and recommendations provided by Washington University from Dr. Burkholder. The department will carefully consider the applicability of these recommendations to Missouri's Water Quality Standards as part of future triennial review efforts. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #30: Robert Angelo commented on the proposed numeric nutrient criteria for lakes. Angelo commented that the department has altered its scope on the overall protectiveness of its rulemaking effort by eliminating drinking water supply protections and by increasing the Plains ecoregion chlorophyll-a criterion from 30 μg/L to 40 μg/L. Angelo commented that such changes are not addressed by the department in its rationale document. Angelo also provided a supplemental technical analysis of the proposed numeric nutrient criteria with the supplied comments.

RESPONSE: The department revised the draft amendment to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. Stakeholders had also raised concerns that the proposed raw drinking water source criteria were developed using a potentially overly conservative approach based on finished drinking water levels. The department notes that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and therefore is protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criteria proposed for drinking water supply protections, 25 μg/L, is minimal and is expected to provide adequate protection from impairment. The department has not increased its proposed chlorophyll-a criterion for the Plains ecoregion and is maintaining the 30 μg/L criterion value for the protection of aquatic life. It should be noted that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water after treatment by public water treatment facilities. Finished drinking water standards are the purview of the Safe Drinking Water Act and are outside the scope of this rulemaking. As noted in research cited with the proposed amendment, microcystins were not detected in Missouri reservoirs eighty percent (80%) of the time (one thousand three hundred thirty-one (1,331) non-detects out of one thousand six hundred fifty-eight (1,658) samples); where detected, they generally were found at low levels. Microcystin concentrations in raw water greater than 0.3 μg/L (n = 140), the USEPA health advisory level for bottle-fed infants and young children for finished drinking water, occurred in less than ten percent (10%) of the samples with a median chlorophyll-a concentration of 33.5 μg/L. The 30-μg/L chlorophyll-a criterion proposed for aquatic life in the Plains ecoregion, which would apply to raw drinking water sources, ensures the probability of microcystin occurrence for finished water is less than ten percent (10%). Therefore, the aquatic life criterion adequately protects drinking water sources from impairment with respect to the algal toxin microcystin. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake

monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Additional information pertaining to the specific scientific and technical approach used in development of Missouri's numeric nutrient criteria will be provided in a supplemental rationale document. This rationale document will be incorporated in the state's overall water quality standards submittal package to USEPA for approval. No changes have been made as a result of this comment.

EDITORIAL CHANGES

EDITORIAL CHANGE #1: The draft amendment available for public comment period contained an error in which the drinking water supply use criterion of 250 mg/L (250,000 μg/L) for sulfate and chloride was mistakenly placed in the column for the human health protection use.

RESPONSE AND EXPLANATION OF CHANGE: This error has been corrected in the final version of the rule, but does not reflect a change from current effective water quality standards.

10 CSR 20-7.031 Water Quality Standards

(4) General Criteria. The following water quality criteria shall be applicable to all waters of the state at all times including mixing zones. No water contaminant, by itself or in combination with other substances, shall prevent the waters of the state from meeting the following conditions:

(D) Waters shall be free from substances or conditions in sufficient amounts to result in toxicity to human, animal, or aquatic life. However, acute toxicity criteria may be exceeded by permit in zones of initial dilution, and chronic toxicity criteria may be exceeded by permit in mixing zones;

(5) Specific Criteria. The specific criteria shall apply to waters contained in Tables G and H of this rule and the Missouri Use Designation Dataset. Protection of drinking water supply is limited to surface waters designated for raw drinking water supply and aquifers. Protection of whole body contact recreation is limited to waters designated for that use.

(M) Carcinogenic Substances. Carcinogenic substances shall not exceed concentrations in water which correspond to the 10^{-6} cancer risk rate. This risk rate equates to one (1) additional cancer case in a population of one (1) million with lifetime exposure. Derivation of this concentration assumes average water and fish consumption amounts. Assumptions are two (2) liters of water and six and one-half (6.5) grams of fish consumed per day. Federally established final maximum contaminant levels for drinking water supply shall supersede drinking water supply criteria developed in this manner.

(N) Nutrients and Chlorophyll.

1. Definitions.

A. For the purposes of these criteria, all lakes and reservoirs shall be referred to as "lakes."

B. Lake ecoregions—Due to differences in watershed topography, soils, and geology, nutrient criteria for lakes and reservoirs will be determined by the use of four (4) major ecoregions based upon dominant watershed ecoregion. These regions were delineated by grouping the ecological subsections described in Nigh and Schroeder, 2002, *Atlas of Missouri Ecoregions*, as follows:

(I) Plains: OP1 – Scarped Osage Plains; OP2 – Cherokee Plains; TP2—Deep Loess Hills; TP3—Loess Hills; TP4— Grand River Hills; TP5—Chariton River Hills; TP6—Claypan Till Plains; TP7—Wyaconda River Dissected Till Plains; TP8— Mississippi River Hills;

(II) Ozark Border: MB2a—Crowley's Ridge Loess Woodland/Forest Hills; OZ11—Prairie Ozark Border; OZ12— Outer Ozark Border; OZ13—Inner Ozark Border;

(III) Ozark Highland: OZ1—Springfield Plain; OZ2—Springfield Plateau; OZ3—Elk River Hills; OZ4—White River Hills; OZ5—Central Plateau; OZ6—Osage River Hills; OZ7—Gasconade River Hills; OZ8—Meramec River Hills; OZ9—Current River Hills; OZ10—St. Francois Knobs and Basins; OZ14—Black River Ozark Border; and

(IV) Big River Floodplain: MB1—Black River Alluvial Plain; MB2b—Crowley's Ridge Footslopes and Alluvial Plains; MB3—St. Francis River Alluvial Plain; MB4, OZ16, TP9—Mississippi River Alluvial Plain; OZ15, TP1—Missouri River Alluvial Plain.

C. Nutrient Criteria—Nutrient criteria represent the desired condition for a water body necessary to protect the designated uses assigned in rule.

(I) Lake Ecoregion Criteria—A decision framework that integrates causal and response parameters into one water quality standard that accounts for uncertainty in linkages between causal and response parameters.

(a) Response Impairment Thresholds—Maximum ambient concentrations of chlorophyll-a (Chl-a) that are based on annual geometric means of samples collected May through September with an allowable exceedance frequency of one in three (1-in-3) years for lakes that have not been assigned site-specific criteria.

(b) Nutrient Screening Thresholds—Maximum ambient concentrations of total phosphorus (TP), total nitrogen (TN), and Chl-a that are based on the annual geometric mean of samples collected May through September. Nutrient screening thresholds represent causal and response parameter concentrations, above which an exceedance in any one year warrants further evaluation of Response Assessment Endpoints.

(c) Response Assessment Endpoints—Narrative and numeric biological response endpoints that link directly to designated use impairment.

(II) Lake Site-Specific Criteria—Maximum Ambient Concentrations of TP, TN, or Chl-a that are based on the geometric mean of a minimum of three (3) years of data and the characteristics of the waterbody.

2. This rule applies to all lakes that are waters of the state and have an area of at least ten (10) acres during normal pool condition. Big River Floodplain lakes shall not be subject to these criteria.

3. Response Impairment Thresholds are listed in Table L. Nutrient Screening Thresholds are listed in Table M. Lake Site-Specific Criteria for TP, TN, and Chl-a are listed in Table N. Additional lake site-specific criteria may be developed in accordance with subsection (5)(S) to account for the unique characteristics of the waterbody that affect trophic status, such as lake morphology, hydraulic residence time, temperature, internal nutrient cycling, or watershed contribution from multiple ecoregions.

4. All TP, TN, and Chl-a concentrations must be calculated as the geometric mean of a minimum of four (4) representative samples per year for one (1) year for purposes of comparison to lake ecoregion criteria thresholds. All samples must be collected from the lake surface, near the outflow of the lake, and during the period May 1 – September 30.

5. Lakes with water quality that exceed Response Impairment Thresholds or Lake Site-Specific Criteria identified in Tables L and N are to be deemed impaired for excess nutrients.

6. Lakes are to be deemed impaired for excess nutrients if any of the following Response Assessment Endpoints are documented to occur within the same year as an exceedances of Nutrient Screening Thresholds in Table M. The department shall collect information on Response Assessment Endpoints concurrently with collection of Nutrient Screening Threshold parameters. The department shall determine attainment of Nutrient Criteria during the biennial assessment of Missouri waters.

A. Occurrence of eutrophication-related mortality or morbidity events for fish and other aquatic organisms;

B. Epilimnetic excursions from dissolved oxygen or pH criteria;

C. Cyanobacteria counts in excess of one hundred thousand (100,000) cells per milliliter (cells/mL);

D. Observed shifts in aquatic diversity attributed to eutrophication; and

E. Excessive levels of mineral turbidity that consistently limit algal productivity during the period May 1 – September 30.

(S) Site-Specific Criteria Development for the Protection and Propagation of Fish, Shellfish, and Wildlife. When water quality criteria in this regulation are either underprotective or overprotective of water quality due to factors influencing bioavailability, or nonanthropogenic conditions for a given water body segment, a petitioner may request site-specific criteria. The petitioner must provide the department with sufficient documentation to show that the current criteria are not adequate and that the proposed site-specific criteria will protect all existing and/or potential uses of the water body.

1. Site-specific criteria may be appropriate where, but is not limited to, the examples given in subparagraphs A. or B. of this paragraph.

A. The resident aquatic species of the selected water body have a different degree of sensitivity to a specific pollutant as compared to those species in the data set used to calculate the national or state criteria as described in either of the following parts:

(I) Natural adaptive processes have enabled a viable, balanced aquatic community to exist in waters where natural (nonanthropogenic) background conditions exceed the criterion (e.g., resident species have evolved a genetically-based greater tolerance to high concentrations of a chemical); or

(II) The composition of aquatic species in a water body is different from those used in deriving a criterion (e.g., most of the species considered among the most sensitive, such as salmonids or the cladoceran, *Ceriodaphinia dubia*, which were used in developing a criterion, are absent from a water body).

B. The physical and/or chemical characteristics of the water body alter the biological availability and/or toxicity of the pollutant (e.g., pH, alkalinity, salinity, water temperature, hardness). Such an example is the Water Effect Ratio (WER) defined at (1)(BB) of this rule.

2. All petitioners seeking to develop site-specific criteria shall coordinate with the department early in the process. This coordination will ensure the use of adequate, relevant, and quality data; proper analysis and testing; and defendable procedures.

A. The department will provide guidance for establishing site-specific water quality criteria using scientific procedures including, but not limited to, those procedures described in:

(I) U.S. Environmental Protection Agency's *Water Quality Standards Handbook,* Second Edition, August 1994;

(II) U.S. Environmental Protection Agency's *Interim Guidance on Determination and Use of Water-Effect Ratios for Metals* (EPA-823-B-94-001) and subsequent 1997 modifications;

(III) U.S. Environmental Protection Agency's *Streamlined Water-Effect Ratio Procedure for Discharges of Copper* (EPA-822-R-01-005); and

(IV) U.S. Environmental Protection Agency's *Aquatic Life Ambient Freshwater Quality Criteria – Copper 2007 Revision* (EPA-822-R-07-001).

B. Site-specific criteria development for the Protection and Propagation of Fish, Shellfish, and Wildlife shall be performed using the guidance documents listed in parts (5)(S)2.A.(I)–(IV) as published by the Office of Science and Technology, Office of Water, U.S. Environmental Protection Agency, Washington, DC 20460, which are hereby incorporated by reference and do not include any later amendments or additions. The department shall maintain a copy of the referenced documents and shall make them available to the public for inspection and copying at no more than the actual cost of reproduction.

3. Site-specific criteria shall protect all life stages of resident species and prevent acute and chronic toxicity in all parts of a water body.

4. Site-specific criteria shall include both chronic and acute concentrations to better reflect the different tolerances of resident species to the inherent variability between concentrations and toxicological characteristics of a chemical.

5. Site-specific criteria shall be clearly identified as maximum "not to be exceeded" or average values, and if an average, the averaging period and the minimum number of samples. The conditions, if any, when the criteria apply shall be clearly stated (e.g., specific levels of hardness, pH, or water temperature). Specific sampling requirements (e.g., location, frequency), if any, shall also be identified.

6. The data, testing procedures, and application (safety) factors used to develop site-specific criteria shall reflect the nature of the chemical (e.g., persistency, bioaccumulation potential, and avoidance or attraction responses in fish) and the most sensitive resident species of a water body.

7. The size of a site may be limited to a single water segment, single water subsegment, or may cover a whole watershed depending on the particular situation for which the specific criterion is developed. A group of water bodies may be considered one (1) site if their respective aquatic communities are similar in composition and have comparable water quality.

8. The department shall determine if a site-specific criterion is adequate and justifiable. The public notice shall include a description of the affected water body or water body segment and the reasons for applying the proposed criterion. If the department determines that there is significant public interest, a public hearing may be held in the geographical vicinity of the affected water body or water body segment. Any site-specific criterion promulgated under these provisions is subject to U.S. Environmental Protection Agency approval prior to becoming effective for Clean Water Act purposes.

(12) Water Quality Standards Variances. A permittee or an applicant for a National Pollutant Discharge Elimination System (NPDES) or Missouri state operating permit may pursue a temporary variance pursuant to either section 644.061 or section 644.062, RSMo. A variance from water quality standards shall comply with 40 CFR 131.14.

(C) Variance terms and conditions, including facility name, permit number, receiving stream name, first classified water body ID, discharge location, highest attainable condition, effective permit date, and the variance expiration date will be incorporated into the Missouri Use Designation Dataset and Table J.

Table A1-Criteria for Designated Uses and Health Advisory Levels

Criteria for Designated Uses							
		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
METALS (µg/L)							
Aluminum (pH 6.5-9.0 SU)	7429905	750					
Antimony	7440360			4,300	6		6
Arsenic	7440382	340	150		50	100	50
Barium	7440393				2,000		2,000
Beryllium	7440417		5		4	100	4
Boron	7440428					2,000	2,000
Cadmium	7440439	Table A2	Table A2		5		5
Chromium (III)	16065831	Table A2	Table A2		100	100	100
Chromium (VI)	18540299	16	11				
Cobalt	7440484					1,000	1,000
Copper	7440508	Table A2	Table A2		1,300	500	1,300
Iron	7439896		1,000				300
Lead	7439921	Table A2	Table A2		15		15
Manganese	7439965						50
Mercury	7439976	1.4	0.77		2		2
Methylmercury	22967926	1.4	0.77				
Nickel	7440020	Table A2	Table A2		100		100
Selenium	7782492		5		50		50
Silver	7440224	Table A2			50		50
Thallium	7440280			6.3	2		2

DWS-Drinking Water Supply
IRR-Irrigation
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SCR-Secondary Contact Recreation
GRW-Groundwater

		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Zinc	7440666	Table A2	Table A2		5,000		5,000
OTHER INORGANIC SUBSTANCES (µg/L)							
Alkalinity (minimum $CaCO_3$)			20,000				
Ammonia	7664417	Table B1	Tables B2 & B3				
Asbestos (Fibers/L)	1332214				7,000,000		
Chloride (mg/L)	16887006	860	230		250		
Chloride + Sulfate	16887006 & 18785723	10 CSR 20-7.031(5)(L)					
Chlorine, Total Residual (Coldwater Aquatic Habitat)	7782505		2				
Chlorine, Total Residual (Warmwater Aquatic Habitat)	7782505	19	11				
Cyanide	57125	22	5.2				
E. coli Bacteria (cfu/100 mL)		WBC-A: 126 WBC-B: 206 SCR: 1,134 10 CSR 20-7.031(5)(C)					
Fluoride (mg/L)					4	4	4
Gases, Total Dissolved (percent saturation)		110%	110%				
Hydrogen Sulfide	7783064		2.0				
Nitrate	14797558				10,000		10,000
Oil and Grease (mg/L)			10				
Oxygen, Dissolved (mg/L) (Coldwater Aquatic Habitat)	7782447	6 (minimum)					
Oxygen, Dissolved (mg/L) (Coolwater Aquatic Habitat)	7782447	5 (minimum)					
Oxygen, Dissolved (mg/L) (Warmwater Aquatic Habitat)	7782447	5 (minimum)					
pH (SU; 4-day average)			6.5 – 9				
Solids Suspended and Turbidity		10 CSR 20-7.031(5)(G–H)					
Sulfate (mg/L)	18785723				250		

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Temperature		10 CSR 20-7.031(5)(D)					
ORGANIC SUBSTANCES (µg/L)							
Benzenes							
Benzene	71432			71	5		5
Chlorobenzene	108907			21,000	100		100
1,2-Dichlorobenzene (ortho-Dichlorobenzene)	95501			2,600	600		600
1,3-Dichlorobenzene (meta-Dichlorobenzene)	541731			2,600	600		600
1,4-Dichlorobenzene (para-Dichlorobenzene)	106467			2,600	75		75
1,2,4-Trichlorobenzene	120821			940	70		70
1,2,4,5-Tetrachlorobenzene	95943			2.9	2.3		2.3
Pentachlorobenzene	608935			4.1	3.5		3.5
Hexachlorobenzene	118741			0.00074	1		1
Ethylbenzene	100414		320		700		700
Nitrobenzene	98953			1,900	17		17
Styrene (Vinyl Benzene)	100425				100		100
Chlorinated Hydrocarbons							
1,1-Dichloroethylene	75354			3.2	7		7
1,1,1-Trichloroethane	71556				200		200
1,1,2-Trichloroethane	79005			42	5		5
1,1,2,2-Tetrachloroethane	79345			11	0.17		0.17
1,2-Dichloroethane	107062			99	5		5
1,2-Dichloropropane	78875			39	0.52		0.52

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
1,3-Dichloropropene (Dichloropropene)	542756			1,700	87		87
Carbon Tetrachloride (Tetrachloromethane)	56235			5	5		5
cis-1,2-Dichloroethylene	156592				70		70
Hexachloroethane	67721			8.7	1.9		1.9
Tetrachloroethylene	127184			8.85	0.8		0.8
trans-1,2-Dichloroethylene	156605			140,000	100		100
Trichloroethylene	79016			80	5		5
Other Halogenated Hydrocarbons							
Chlorodibromomethane	124481			34	0.41		0.41
Dichlorobromomethane	75274			46	0.56		0.56
Dichlorodifluoromethane	75718			570,000			
Ethylene Dibromide (1,2-Dibromoethane)	106934				0.05		0.05
Methyl Bromide (Bromomethane)	74839			4,000	48		48
Methyl Chloride (Chloromethane)	74873			470	5		5
Methylene Chloride (Dichloromethane)	75092			1,600	4.7		4.7
Total Trihalomethanes (TTHMs)					80		80
Tribromomethane (Bromoform)	75252			360	4.3		4.3
Trichlorofluoromethane	75694			860,000			
Trichloromethane (Chloroform)	67663			470	5.7		5.7
Vinyl Chloride	75014			525	2		2
Ethers							
Bis-2-Chloroethyl Ether	111444			1.4	0.03		0.03

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Bis-2-Chloroisopropyl Ether	108601			4,360	1,400		1,400
Bis-Chloromethyl Ether	542881			0.00078	0.00013		0.00013
Miscellaneous Organics							
2,3,7,8-TCDD (Dioxin)	1746016			1.4E-08	1.3E-08		1.3E-08
Di (2-ethylhexyl) adipate	103231				400		400
Isophorone	78591			2,600	36		36
Polychlorinated Biphenyls (PCBs)			0.014	0.000045			0.00045
Tributylin (TBT)		0.46	0.072				
Nitrogen Containing Compounds							
1,2-Diphenylhydrazine	122667			0.54	0.04		0.04
3,3'-Dichlorobenzidine	91941			0.08	0.04		0.04
Acrylonitrile (2-propenenitrile)	107131			0.65	0.058		0.058
Benzidine (4,4'-diaminobiphenyl)	92875			0.00053	0.00012		0.00012
Nitrosamines							
N-Nitrosodibutylamine	924163						
N-Nitrosodiethylamine	55185						
N-Nitrosodimethylamine	62759			8	0.0007		0.0007
N-Nitrosodi-n-propylamine	621647			1.4			
N-Nitrosodiphenylamine	86306			16	5		5
N-Nitrosopyrrolidine	930552			91.9			
Polynuclear Aromatic Hydrocarbons (PAHs)							
Acenaphthene	83329			2,700	1,200		1,200

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Anthracene	120127			110,000	9,600		9,600
Benzo(a)anthracene	56553			0.049	0.0044		0.0044
Benzo(a)pyrene	50328			0.049	0.2		0.2
Benzo(b)fluoranthene	205992			0.049	0.0044		0.0044
Benzo(k)fluoranthene	207089			0.049	0.0044		0.0044
2-Chloronaphthalene	91587		4,300				
Chrysene	218019			0.049	0.0044		0.0044
Dibenzo(a,h)anthracene	53703			0.049	0.0044		0.0044
Fluoranthene	206440			370	300		300
Fluorene	86737			14,000	1,300		1,300
Indeno(1,2,3-cd)pyrene	193395			0.049	0.0044		0.0044
Pyrene	129000			11,000	960		960
Phthalate Esters							
Bis (2-Ethylhexyl) Phthalate	117817			5.9	6		6
Butylbenzyl Phthalate	85687			5,200	3,000		3,000
Diethyl Phthalate	84662			120,000	23,000		23,000
Dimethyl Phthalate	131113			2,900,000	313,000		313,000
Di-n-Butyl Phthalate	84742			12,000	2,700		2,700
Phenolic Compounds							
2-Chlorophenol	95578			400	0.1		0.1
2-Methyl-4,6-Dintrophenol	534521			765	13		13
2,4-Dichlorophenol	120832			790	93		93

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
2,4-Dimethylphenol	105679			2,300	540		540
2,4-Dinitrophenol	51285			14,000	70		70
2,4,5-Trichlorophenol	95954			9,800	2,600		2,600
2,4,6-Trichlorophenol	88062			6.5	2		2
3-Methyl-4-Chlorophenol	59507						
Dinitrophenols	25550587						
Nonylphenol	84852153	28	6.6				
Pentachlorophenol	87865	Table A2	Table A2	8	1		1
Phenol (Coldwater Aquatic Habitat)	108952	5,293	157		100		300
Phenol (Warmwater Aquatic Habitat)	108952	5,293	2,560		100		300
Toluenes							
2,4-Dinitrotoluene	121142			9	0.11		0.04
Toluene	108883			200,000	1,000		1,000
Xylenes (Total)	1330207				10,000		10,000
PESTICIDES (µg/L)							
1,2-Dibromo-3-chloropropane (DBCP)	96128				0.2		0.2
4-4'-Dichlorodiphenyldichloro ethane (DDD)	72548			0.00084	0.00083		0.00083
4-4'-Dichlorodiphenyldichloro ethylene (DDE)	72559			0.00059	0.00059		0.00059
4-4'-Dichlorodiphenyltrichlor oethane (DDT)	50293	1.1	0.001	0.00059	0.00059		0.00059
Acrolein	107028	3	3	780	320		320
Alachlor	15972608				2		2
Aldrin	309002	3.0		0.000079	0.00013		0.00013

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Atrazine	1912249				3		3
Carbaryl	63252	2.1	2.1				
Carbofuran	1563662				40		40
Chlordane	57749	2.4	0.0043	0.00048	2		2
Chlorophenoxy Herbicide (2,4-D)	94757				70		70
Chlorophenoxy Herbicide (2,4,5-TP)	93721				50		50
Chlorpyrifos	2921882	0.083	0.041				
Dalapon	75990				200		200
Demeton	8065483		0.1				
Diazinon	333415	0.17	0.17				
Dieldrin	60571	0.24	0.056	0.000076	0.00014		0.00014
Dinoseb	88857				7		7
Diquat	85007				20		20
alpha-Endosulfan (Endosulfan)	959988	0.22	0.056				
beta-Endosulfan (Endosulfan)	33213659	0.22	0.056				
Endosulfan Sulfate	1031078						
Endothall	145733				100		100
Endrin	72208	0.086	0.036	0.0023	2		2
Endrin Aldehyde	7421934			0.0023	0.75		0.75
Glyphosate	1071836				700		700
Guthion	86500		0.01				
Heptachlor	76448	0.52	0.0038	0.0002	0.4		0.4

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Heptachlor Epoxide	1024573	0.52	0.0038	0.00011	0.2		0.2
Hexachlorobutadiene	87683			50	0.45		0.45
Hexachlorocyclopentadiene	77474				50		50
alpha-Hexachlorocyclohexane (alpha-BHC)	319846			0.0074	0.0022		0.0022
beta-Hexachlorocyclohexane (beta-BHC)	319857			0.0074	0.0022		0.0022
delta-Hexachlorocyclohexane (delta-BHC)	319868			0.0074	0.0022		0.0022
gamma-Hexachlorocyclohexane (gamma-BHC; Lindane)	58899	0.95		0.062	0.2		0.2
Technical-Hexachlorocyclohexane	608731						
Malathion	121755		0.1				
Methoxychlor	72435		0.03		40		40
Mirex	2385855		0.001				
Oxamyl (Vydate)	23135220				200		200
Parathion	56382	0.065	0.013				
Picloram	1918021				500		500
Simazine	122349				4		4
Toxaphene	8001352	0.73	0.0002	0.000073	3		3
Health Advisory Levels (µg/L)							
1,1,1,2-Tetrachloroethane	630206				70		70
1,2,3-Trichloropropane	96184				40		40
1,3-Dinitrobenzene	99650				1		1
1,4-Dithiane	505293				80		80
2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)	93765				70		70

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POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
2,4,6-Trinitrotoluene (Trinitrotoluene)	118967				2		2
Ametryn	834128				60		60
Baygon	114261				3		3
Bentazon	25057890				20		20
Bis-2-Chloroisopropyl Ether	108601				300		300
Bromacil	314409				90		90
Bromochloromethane	74975				90		90
Butylate	2008415				350		350
Carbaryl	63252				700		700
Carboxin	5234684				700		700
Chloramben	133904				100		100
ortho-Chlorotoluene	95498				100		100
para-Chlorotoluene	106434				100		100
Chlorpyrifos	2921882				20		20
DCPA (Dacthal)	1861321				4,000		4,000
Diazinon	333415				0.6		0.6
Dicamba	1918009				200		200
Diisopropyl methylphosphonate	1445756				600		600
Dimethyl methylphosphonate	756796				100		100
Diphenamid	957517				200		200
Diphenylamine	122394				200		200
Disulfoton	298044				0.3		0.3

DWS-Drinking Water Supply
IRR-Irrigation
LWP-Livestock and Wildlife Protection
WBC-Whole Body Contact Recreation
SCR-Secondary Contact Recreation
GRW-Groundwater

		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Diuron	330541				10		10
Fenamiphos	22224926				2		2
Fluometron	2164172				90		90
Fonofos	944229				10		10
Hexazinone	51235042				200		200
Malathion	121755				200		200
Maleic hydrazide	123331				4,000		4,000
MCPA (2-Methyl-4-Chlorophenoxyacetic acid)	94746				10		10
Methyl Bromide (Bromomethane)	74839				10		10
Methyl Parathion	298000				2		2
Metolachlor	51218452				70		70
Metribuzin	21087649				100		100
Naphthalene	91203				20		20
Nitroguanidine	556887				700		700
para-Nitrophenol	100027				60		60
Paraquat	1910425				30		30
Pronamide	23950585				50		50
Propachlor	1918167				90		90
Propazine	139402				10		10
Propham	122429				100		100
Tebuthiuron	34014181				500		500
Terbacil	5902512				90		90

DWS-Drinking Water Supply
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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Terbufos	13071799				0.9		0.9
Trichlorofluoromethane	75694				2,000		2,000
Trifluralin	1582098				5		5
Trinitroglycerol	55630				5		5

DWS-Drinking Water Supply
IRR-Irrigation
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SCR-Secondary Contact Recreation
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Table J – Water Quality Standards Variances

Facility Name	Permit ID	Effective Permit Date	Easting (UTM)	Northing (UTM)	Receiving Stream	WBID	HUC 8	Highest Attainable Condition (designated use and criterion)		Variance Expiration (EPA Approval) Date
Fulton WWTP	MO-0103331	1/1/15	592755.59	4299234.181	Stinson Creek	710	10300102	AQL	9 mg/L - CBOD 5 mg/L - TSS 4.0 mg/L - TN 0.10 mg/L - TP	12/1/35 (2/25/15)
Kirksville WWTP	MO-0049506	*TBD	537368.878	4445117.91	Bear Creek	115	07110005	AQL	15.0 mg/L - 5-Day BOD** 23.0 mg/L - TN 6.0 mg/L - TP	12/31/33 (*TBD)

*Effective upon issuance of the permit and EPA approval

**Includes CBOD and NBOD

Table L: Lake Ecoregion Chl-a Response Impairment Threshold Values (µg/L)

Lake Ecoregion	Chl-a Response Impairment Thresholds
Plains	30
Ozark Border	22
Ozark Highland	15

Table M: Lake Ecoregion Nutrient Screening Threshold Values (µg/L)

Lake Ecoregion	Nutrient Screening Thresholds		
	TP	TN	Chl-a
Plains	49	843	18
Ozark Border	40	733	13
Ozark Highland	16	401	6

Table N: Site-Specific Nutrient Criteria

Lake Ecoregion	Lake	County	Site-Specific Criteria (µg/L)		
			TP	TN	Chl-a
Plains	Bowling Green Lake	Pike	21	502	6.5
	Bowling Green Lake (old)	Pike	31	506	5.0
	Forest Lake	Adair	21	412	4.3
	Fox Valley Lake	Clark	17	581	6.3
	Hazel Creek Lake	Adair	27	616	6.9
	Lincoln Lake – Cuivre River State Park	Lincoln	16	413	4.3
	Marie, Lake	Mercer	14	444	3.6
	Nehai Tonkaia Lake	Chariton	15	418	2.7
	Viking, Lake	Daviess	25	509	7.8
	Waukomis Lake	Platte	25	553	11.0
	Weatherby Lake	Platte	16	363	5.1
Ozark Border	Goose Creek Lake	St Francois	12	383	3.2
	Wauwanoka, Lake	Jefferson	12	384	6.1
Ozark Highland	Clearwater Lake	Wayne-Reynolds	13	220	2.6
	Council Bluff Lake	Iron	7	229	2.1
	Crane Lake	Iron	9	240	2.6
	Fourche Lake	Ripley	9	236	2.1
	Loggers Lake	Shannon	9	200	2.6
	Lower Taum Sauk Lake	Reynolds	9	203	2.6
	Noblett Lake	Douglas	9	211	2.0
	St. Joe State Park Lakes	St Francois	9	253	2.0
	Sunnen Lake	Washington	9	274	2.6
	Table Rock Lake	Stone	9	253	2.6
	Terre du Lac Lakes	St Francois	9	284	1.7
	Timberline Lakes	St Francois	8	276	1.5

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 41—General Tax Provisions

ORDER OF RULEMAKING

By the authority vested in the Director of Revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-41.010 Annual Adjusted Rate of Interest **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1765–1767). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 188.052, 188.055, and 192.006, RSMo 2016, the department amends a rule as follows:

19 CSR 10-15.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1768–1769). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), and one (1) comment from the Missouri Hospital Association. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that the reference to section 188.052, RSMo was being removed from the purpose statement of 19 CSR 10-15.010 (Report of Induced Termination of Pregnancy) and requested that the reference be kept because it provides clarity that all abortions are to be reported.
RESPONSE AND EXPLANATION OF CHANGE: Although section 188.052, RSMo does not need to be mentioned in the purpose statement of the rule for the statute's requirement to apply, the purpose statement has been amended to add a reference to section 188.052, RSMo, and its requirement that all abortions be reported.

19 CSR 10-15.010 Report of Induced Termination of Pregnancy

PURPOSE: Under section 188.055, RSMo, the Department of Health and Senior Services is responsible for providing abortion forms to abortion facilities, hospitals, and physicians. This rule establishes the content of the report of induced termination of pregnancy to be filed with the department for statistical purposes for each abortion performed or induced as required by section 188.052, RSMo.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 188.052, 188.055, and 192.006, RSMo 2016, the department amends a rule as follows:

19 CSR 10-15.020 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1769). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), and two (2) comments from Planned Parenthood. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO,

Comprehensive Health of Planned Parenthood Great Plains, commented that inconsistency exists between 19 CSR 10-15.020 and 19 CSR 30-30.050(1)(D) regarding the reference to "hemorrhage" as a type of complication. In 19 CSR 10-15.020, it is listed as "hemorrhage" and in 19 CSR 30-30.050 it is listed as "excessive hemorrhage." They suggest that the term "hemorrhage" be used because the definition is inclusive of the term "excessive."
RESPONSE: No changes have been made to this rule based on this comment. However, based upon this comment, 19 CSR 30-30.050(1)(D) will be amended via separate final order to remove the word "excessive."

COMMENT #3: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented regarding the use of "psychiatric" as a type of complication referenced in the proposed amendment to 19 CSR 10-15.020 and 19 CSR 30-30.050. They believe the term is inexact and not an actual condition. Therefore they recommend replacing "psychiatric" with "diagnosable psychiatric condition."
RESPONSE AND EXPLANATION OF CHANGE: Based upon this comment, 19 CSR 10-15.020(1) and 19 CSR 30-30.050(1)(D) have been amended to state "diagnosable psychiatric condition" rather than "psychiatric." DHSS is also amending the form Complication Report for Post-Abortion Care referenced in 19 CSR 10-15.020(1). The form date has been updated in section (1) of the rule.

19 CSR 10-15.020 Complication Report for Post-Abortion Care

(1) The complication report for post-abortion care shall contain the following items on a form provided by the department: patient identification number; patient's date of birth; residence of patient state, county, city; date of abortion; name and address of abortion facility or hospital; type of abortion performed; name and address of facility reporting complication; was patient previously seen at another facility for post-abortion care (yes or no); if yes, name and address of other facility that treated patient; complications (check all that apply: incomplete abortion, hemorrhage, endometritis, parametritis, pyrexia, abscess-pelvic, uterine perforation, failed abortion-pregnancy undisturbed, retained products, cervical lacerations, diagnosable psychiatric condition, other-describe); result of complication (check all that apply: hysterectomy, death of woman, transfusion, other-describe); was patient hospitalized (yes or no); if yes, name and address of hospital; name and signature of physician providing post-abortion care; and date of this post-abortion care. The information shall be reported on the Complication Report for Post-Abortion Care which is incorporated by reference in this rule as published January 2018 and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 188.047, RSMo Supp. 2017, and section 192.006, RSMo 2016, the department amends a rule as follows:

19 CSR 10-15.030 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1769–1770). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG); two (2) comments from Planned Parenthood; and two comments from Missouri Hospital Association. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that the fiscal note for the proposed amendment for 19 CSR 10-15.030 was not accurate because the mandatory histopathological exam increases the charge for each specimen.
RESPONSE: The statute, not the regulation, requires the histopathological exam. No changes have been made to the fiscal note based on this comment.

COMMENT #3: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that the proposed amendment to 19 CSR 10-15.030 (Content and Filing of Tissue Report) did not address the perceived conflict between two (2) statutes and provide clear guidance as to how hospitals and physicians are to comply with these laws. Section 188.047, RSMo requires all tissue to be sent for gross and histopathological examination. Sections 194.378 to 194.390, RSMo, recognize a mother's right to determine the final disposition of fetal remains.
RESPONSE: Based on the definition of "remains of a human fetus" in section 194.375, RSMo, section 194.378, RSMo appears to apply to miscarriages, not abortions. No change has been made to the rule based on this comment.

COMMENT #4: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains; and Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that the proposed amendment to 19 CSR 10-15.030(3) requiring "the physician who performed or induced the abortion shall provide the results of the gross and histopathological examination to the patient if the results contain information affecting her health or having a bearing on future pregnancies" is beyond the statute in directing the details of medical practice and imposes vague requirements on physicians that could open

them up to liability. Planned Parenthood suggests this proposed amendment be revised to clarify that the physician is only required to follow up with a patient when the pathology lab has flagged her results as outside the normal range. Missouri Hospital Association suggests this proposed amendment be revised as "The physician may, based on his or her medical judgement and prevailing standards of care, provide the results…"
RESPONSE AND EXPLANATION OF CHANGE: Based upon these comments, 19 CSR 10-15.030(3) has been amended to state: The physician who performed or induced the abortion may, based on his or her medical judgment and prevailing standards of care, provide the results of the gross and histopathological examination to the patient.

19 CSR 10-15.030 Content and Filing of Tissue Report

(3) The physician who performed or induced the abortion may, based on his or her medical judgment and prevailing standards of care, provide the results of the gross and histopathological examination to the patient.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 188.039, RSMo Supp. 2017 and Planned Parenthood Association of Kansas City vs. Ashcroft, 483 F. Supp. 679 (W.D. Mo. 1980), the director rescinds a rule as follows:

19 CSR 10-15.040 Induced Termination of Pregnancy Consent Form **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1770). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 188.021 and 197.225, RSMo Supp. 2017, the department adopts a rule as follows:

19 CSR 10-15.050 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1770–1773). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations.*

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals, one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists, two (2) comments from the Missouri Hospital Association, two (2) comments from Washington University Physicians/School of Medicine, and one (1) comment from DHSS staff. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that parts of 19 CSR 10-15.050 are not in alignment with other regulatory expectations of hospitals.
RESPONSE: The comment does not include any specifics regarding provisions that are not in alignment with other expectations. No change has been made to the rule based on this comment.

COMMENT #3: Paul J. Scheel, Jr., M.D., Associate Vice Chancellor for Clinical Affairs and CEO, Faculty Practice Plan, Washington University Physicians and Washington University School of Medicine, commented that 19 CSR 10-15.050(2)(I) requiring the complication plan to be included in the patient's medical record is confusing and beyond the scope of section 188.021.2., RSMo.
RESPONSE: 19 CSR 10-15.050(2)(I) does not require the complication plan to be included in the patient's medical record. No change has been made to the rule based on this comment.

COMMENT #4: Paul J. Scheel, Jr., M.D., Associate Vice Chancellor for Clinical Affairs and CEO, Faculty Practice Plan, Washington University Physicians and Washington University School of Medicine, commented that 19 CSR 10-15.050(2)(I) could be read to require the complication report to be included in the medical record which is beyond the scope of section 188.052, RSMo.
RESPONSE AND EXPLANATION OF CHANGE: 19 CSR 10-15.050(2)(I) has been amended to remove the requirement that the complication report be included in the patient's medical record.

COMMENT #5: DHSS staff commented that the counterpart to this proposed rule, 19 CSR 30-30.061 (pertaining to complication plans for abortion facilities) is being amended to clarify the phone number a patient must be given before discharge. That amendment is being made based upon a comment received. Because this rule contains the same phone number requirement, this rule should be clarified as well.
RESPONSE AND EXPLANATION OF CHANGE: 19 CSR 10-15.050(2)(J) has been amended to add: "The phone number given may be for the on-call service rather than the OB/GYN's direct number."

COMMENT #6: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that 19 CSR 10-15.050 regarding complication plans for hospitals does

not reference the emergency exception for complication plans contained in section 188.021, RSMo.
RESPONSE AND EXPLANATION OF CHANGE: Although the statutory exception applies regardless of whether it is referenced in the rule, for ease, a reference to the exception has been added to the rule in 19 CSR 10-15.050(3).

19 CSR 10-15.050 Complication Plans for Certain Drug- and Chemically-Induced Abortions by Physicians via Hospitals

(2) Complication plans for certain drug- and chemically-induced abortions.

(I) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo and ensure that it is submitted to the department.

(J) The physician shall ensure that before discharge, every patient who receives a drug also receives the phone number, in writing, for the OB/GYN or OB/GYN group providing complication coverage. The phone number given may be for the on-call service rather than the OB/GYN's direct number.

(3) Pursuant to section 188.021.2, RSMo, no complication plan is required where the patient is administered the drug in a medical emergency at a hospital and is then treated as an inpatient at a hospital under medical monitoring by the hospital until the abortion is completed.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 192.667, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals, Ambulatory Surgical Centers, and Abortion Facilities **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1774). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG); and one (1) comment from Barnes Jewish Hospital. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Helen Wood, RN, BSN, CIC and David K. Warren, MD, MPH on behalf of Barnes Jewish Hospital, request that sections (10) and (14) of 19 CSR 10-33.010 be revised such that the data elements that shall not be released include physician name, in addition to provider number and the other data elements listed.
RESPONSE: The PAS file layout referenced in the rules does not include a variable of physician name. The only way that PAS data could be used to identify a physician's name is through the physician number (listed as Physician ID on the file layout). The physician number is already listed in the rule as a variable that is not available for subsequent release. No change has been made to the rule based on this comment.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 192.667, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 10-33.050 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1774–1776). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG); one (1) comment from Barnes Jewish Hospital; and one (1) comment from Missouri Hospital Association. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule.

No change has made to the rule based on this comment.

COMMENT #2: Helen Wood, RN, BSN, CIC and David K. Warren, MD, MPH on behalf of Barnes Jewish Hospital, recognize that the reporting requirements for ICUs and wards in the proposed amendment of 19 CSR 10-33.050 aligns with CMS (Centers for Medicare and Medicaid Services) reporting requirements and will not add any additional burden to the hospital.
RESPONSE: As recognized, DHSS has attempted to bring 19 CSR 10-33.050 into closer alignment with federal CMS reporting requirements. No change has been made to the rule based on this comment.

COMMENT #3: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, requests that 19 CSR 10-33.050(1)(G) be amended to include psychiatric hospitals as an exclusion for reporting due to the extremely low volume, if any, of patients diagnosed with a reportable Hospital Acquired Infection.
RESPONSE AND EXPLANATION OF CHANGE: DHSS agrees with the comment above and also recommends revision to exclude rehabilitation hospitals for the same reason. DHSS is amending 19 CSR 10-33.050(1)(G) to exclude psychiatric and rehabilitation hospitals, in addition to critical access hospitals and long term acute care hospitals, from Health Care-Associated Infection Rate reporting requirements.

19 CSR 10-33.050 Reporting of Healthcare-Associated Infection Rates by Hospitals, Ambulatory Surgical Centers, and Abortion Facilities

(1) The following definitions shall be used in the interpretation of this rule:

(A) Ambulatory Surgery Centers (ASCs) and Abortion Facilities (AFs) as defined in section 197.200, RSMo;

(B) CDC means the federal Centers for Disease Control and Prevention;

(C) Catheter-associated urinary tract infections (CAUTI) as defined by the National Healthcare Safety Network (NHSN), or its successor;

(D) Central line-associated bloodstream infection (CLABSI) as defined by NHSN, or its successor, means central line-related bloodstream infection as referred to in section 192.667.12(3), RSMo;

(E) Department means the Missouri Department of Health and Senior Services;

(F) HAI means Healthcare Associated Infection;

(G) Hospitals as defined in section 197.020, RSMo, but excluding Critical Access Hospitals, Psychiatric Hospitals, Rehabilitation Hospitals, and Long Term Acute Care Hospitals, as designated by the Centers for Medicare and Medicaid Services;

(H) Intensive care unit (ICU) means coronary, medical, surgical, medical/surgical, pediatric intensive care unit (PICU), and neonatal intensive care units (NICU) as defined by NHSN;

(I) NHSN means the National Healthcare Safety Network, CDC's widely used healthcare-associated infection tracking system;

(J) Risk index means grouping patients who have operations according to the American Society of Anesthesiologists (ASA) score, length of procedure, wound class, and other criteria as defined by the CDC for the purpose of risk adjustment as required in section 192.667.3, RSMo;

(K) The Standardized Infection Ratio (SIR) is a summary measure used to track HAIs over time at a national, state, or facility level. It adjusts for various facility and/or patient-level factors that contribute to HAI risk within each facility;

(L) Surgical site infection (SSI) as defined by NHSN, or its successor; and

(M) Ward means pediatric, medical, surgical, and medical/surgical hospital areas for the evaluation and treatment of patients, as defined by NHSN, or its successor.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 20—Division of Community and Public Health
Chapter 1—Food Protection

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 192.006, 192.020, and 196.045, RSMo 2016, the director amends a rule as follows:

19 CSR 20-1.040 Good Manufacturing Practices **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2017 (42 MoReg 1663). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers and Abortion Facilities

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 197.225, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 30-30.050 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1776–1777). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals, five (5) comments from Planned Parenthood, and one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that the definition of "abortion" in 19 CSR 30-30.050(1)(A) should be the same as the statutory definition.
RESPONSE AND EXPLANATION OF CHANGE: Based on this comment, the definition of "abortion" in 19 CSR 30-30.050(1)(A) has been amended to match the definition in section 188.015, RSMo.

COMMENT #3: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that inconsistency exists between 19 CSR 10-15.020 and 19 CSR 30-30.050(1)(D) regarding the reference of "hemorrhage" as a type of complication. In 19 CSR10-15.020, it is listed as "hemorrhage" and in 19 CSR 30-30.050 it is listed as "excessive hemorrhage." They suggest that the term "hemorrhage" be used because the definition is inclusive of the term excessive.
RESPONSE AND EXPLANATION OF CHANGE: Based upon this comment, 19 CSR 30-30.050(1)(D) has been amended to remove the word "excessive."

COMMENT #4: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented regarding the use of "psychiatric" as a type of complication referenced in the proposed amendment to 19 CSR 10-15.020 and 19 CSR 30-30.050. They believe the term is inexact and not an actual condition. Therefore they recommend replacing "psychiatric" with "diagnosable psychiatric condition."
RESPONSE AND EXPLANATION OF CHANGE: Based upon this comment, 19 CSR 10-15.020(1) (via a separate final order) and 19 CSR 30-30.050(1)(D) have been amended to state "diagnosable psychiatric condition" rather than "psychiatric."

COMMENT #5: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.050(2)(B) requires provision of information on abortion facility licensure applications that is unusual, goes beyond what is required of ambulatory surgical centers, and may compromise the safety of abortion facilities and their staff if made public. They ask that "name and qualifications of OB/GYN consultant," "name and qualifications of administrator," "estimated number of each type of abortion that will be performed and/or induced annually at facility," "number of physicians routinely performing or inducing abortions at facility," "usual days and times that abortions are induced or performed at facility," and "number of procedure rooms" be removed from the application form requirements contained in the rule.
RESPONSE: 19 CSR 30-30.050(2)(B) is a list of information that is generally already requested on the Application for Abortion Facility License and the ASC License Addendum Data for Facility which have been in use for a number of years. This information helps the Bureau of Ambulatory Care confirm that certain preliminary requirements have been met before scheduling an inspection. The information also helps the Bureau schedule its unannounced inspections so that procedures will be occurring on the date of the inspection. No change has been made based on this comment.

COMMENT #6: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.050(2)(I) requires an abortion facility to be in compliance with all requirements of applicable regulations and statutes rather than in substantial compliance before receiving a license.
RESPONSE: The compliance requirement is in the existing regulation. No changes have been made based on this comment.

19 CSR 30-30.050 Definitions and Procedures for Licensing Abortion Facilities

(1) The following definitions shall be used in the interpretation and enforcement of 19 CSR 30-30.060 and 19 CSR 30-30.070:

(A) Abortion—The act of using or prescribing any instrument, device, medicine, drug, or any other means or substance with the intent to destroy the life of an embryo or fetus in his or her mother's womb; or, the intentional termination of the pregnancy of a mother by using or prescribing any instrument, device, medicine, drug, or other means or substance with an intention other than to increase the probability of a live birth or to remove a dead or dying unborn child;

(D) Complication—Includes, but is not limited to, incomplete abortion, hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, cervical lacerations, retained products, or diagnosable psychiatric condition;

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers and Abortion Facilities

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 197.225, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 30-30.060 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1777–1784). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists; and nine (9) comments from Planned Parenthood. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule.

No change has been made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.060(1)(C)4. retains the hospital relationship requirement for physicians performing abortions, which has been challenged as unconstitutional and is not required by SB5.
RESPONSE: 19 CSR 30-30.060(1)(C)4. is the subject of pending litigation against the department. No change has been made to the rule based on this comment.

COMMENT #3: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that there is no strong justification for the requirement in 19 CSR 30-30.060(1)(C)5. that the required physician consultant be an OB/GYN and asks that "OB/GYN" be changed to "qualified physician" or "appropriately-qualified physician."
RESPONSE: The requirement that the consultant be an OB/GYN is in the existing rule. No change has been made to the rule based on this comment.

COMMENT #4: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, requested that 19 CSR 30-30.060(2)(E) not require ultrasounds to be performed by physicians or individuals with current certification by the American Registry for Diagnostic Medical Sonography (ARDMS). They suggest that the rule should instead require ultrasounds to be performed by physicians or "qualified persons under the supervision of a physician."
RESPONSE: 19 CSR 30-30.060(2)(E) authorizes performance of ultrasounds by persons with "other certified training deemed acceptable by the department," not just physicians and those with ARDMS certification. No change has been made to the rule based on this comment.

COMMENT #5: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.060(2)(D) should not require a pelvic exam of each patient but should instead require only a health assessment.
RESPONSE: The requirement of a pelvic exam is in the existing regulation. No change has been made to the rule based on this comment.

COMMENT #6: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.060(2)(D), requiring an ultrasound examination for every patient seeking an abortion after the first trimester, be removed from the rule.
RESPONSE: This requirement is in the existing regulation at (3)(C). No change has been made to the rule based on this comment.

COMMENT #7: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that the requirement in 19 CSR 30-30.060(2)(F) requiring an RN, LPN, or surgical technician to be in the procedure room when a patient is in the procedure room, is unnecessary and should be changed to require such presence only at the time a surgical abortion is provided.
RESPONSE AND EXPLANATION OF CHANGE: Based on this comment, the third sentence of 19 CSR 30-30.060(2)(F) has been amended to add, "For surgical abortions," before "an RN, LPN, . . . shall be present."

COMMENT #8: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that it is medically unnecessary for abortion facilities to be required to maintain certain emergency drugs and equipment (19 CSR 30-30.060(2)(M), (N)) if the facility does not use moderate or higher levels of sedation.
RESPONSE: These requirements are contained in the existing regulation at (3)(I) and (L). No change has been made to the rule based on this comment.

COMMENT #9: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that abortion facilities should not be required (by 19 CSR 30-30.060(5)) to perform periodic checks with their contracted pathology labs to ensure that the labs are submitting tissue reports to the department as required by section 188.047, RSMo.
RESPONSE: No change has been made to the rule based on this comment.

COMMENT #10: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.060(8)(B)10. should not require an abortion facility's quality assessment program to include a documented review of the number and percentage of medical abortion patients who fail to return to the facility for follow-up to confirm completion of the abortion, and common reasons why.
RESPONSE: No change has been made to the rule based on this comment.

19 CSR 30-30.060 Standards for the Operation of Abortion Facilities

(2) Direct patient care services.

(F) Nursing services shall be under the direction of an RN. An RN shall be present in the clinical area whenever there is a patient in the procedure room or recovery room. For surgical abortions, an RN, LPN, or a surgical technician shall be present in the procedure room whenever there is a patient in the procedure room. The surgical technician shall be a surgical technologist or shall provide documentation of adequate training in assisting surgical procedures, including surgical abortions.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers and Abortion Facilities

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 188.021 and 197.225, RSMo Supp. 2017, the department adopts a rule as follows:

19 CSR 30-30.061 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1785–1788). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals, one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists, two (2) comments from Planned Parenthood, one (1) comment from the Missouri Hospital Association, and one (1) DHSS staff comment. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council (SAC) of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has been made to the rule based on this comment.

COMMENT #2: DHSS staff commented that the counterpart to this proposed rule (19 CSR 10-15.050 regarding complication plans for hospitals) is being changed based on a comment received to not require the complication report to be included in the patient's medical record.
RESPONSE AND EXPLANATION OF CHANGE: So that this rule for abortion facilities is consistent with the rule for hospitals, 19 CSR 30-30.061(2)(I) has been amended to remove the requirement that the complication report be included in the patient's medical record.

COMMENT #3: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, requested that the 19 CSR 30-30.061 be amended to state a geographic limit for the OB/GYN providing complication coverage and to state whether the OB/GYN providing complication coverage must have hospital privileges within a geographic limit from the abortion facility.
RESPONSE: As stated in 19 CSR 30-30.061(2)(G), the OB/GYN providing complication coverage must be able to personally treat complications, including those requiring surgical intervention, except as indicated in that provision. No change has been made to the rule based on this comment.

COMMENT #4: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.061 (regarding complication plans for abortion facilities as required by section 188.021, RSMo), is medically unnecessary, inconsistent with the standard of care, and unconstitutional. They request that the regulation be amended to allow a physician other than an OB/GYN to provide back-up coverage; eliminate the requirement that a pre-identified OB/GYN or other physician be available twenty-four hours a day, seven days a week (24/7) to assess, treat, or arrange handoff to another physician; and eliminate the requirement that the patient be given direct contact information for a physician.
RESPONSE AND EXPLANATION OF CHANGE: 19 CSR 30-30.061 is the subject of pending litigation against the department. One (1) change has been made to the rule based on this comment: 19 CSR 30-30.061(2)(J) has been amended to add: "The phone number given may be for the on-call service rather than the OB/GYN's direct number."

COMMENT #5: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that 19 CSR 30-30.061, a regulation pertaining to complication plans for abortion facilities, referenced hospitals in (2)(K) instead of abortion facilities.
RESPONSE AND EXPLANATION OF CHANGE: The reference to "hospital" in 19 CSR 30-30.061(2)(K) was an error and has been changed to "abortion facility."

19 CSR 30-30.061 Complication Plans for Certain Drug- and Chemically-Induced Abortions Via Abortion Facilities

(2) Complication plans for certain drug- and chemically-induced abortions.

(I) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo and ensure that it is submitted to the department.

(J) The abortion facility shall ensure that before discharge, every patient who receives a drug via the facility also receives the phone number, in writing, for the OB/GYN or OB/GYN group providing complication coverage. The phone number given may be for the on-call service rather than the OB/GYN's direct number.

(K) The physician or abortion facility shall submit complication plans to the department for approval in writing using the complication plan submission form provided by the department. The form shall require at least the following information:

1. The full name of each physician whose prescription or administration of drugs via the facility will be covered by the plan;

2. The full name of the OB/GYN who will provide complication coverage, or if an OB/GYN group will provide coverage, the full legal name of the group and the full name of each OB/GYN who is part of the group; and

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers and Abortion Facilities

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 197.225, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 30-30.070 Physical Standards for Abortion Facilities **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1,

2017 (42 MoReg 1789–1790). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists; and one (1) comment from Planned Parenthood. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has been made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.070 retains the ambulatory surgical center physical standards for abortion facilities that provide surgical abortions, despite that the standards may ultimately be held unconstitutional.
RESPONSE: 19 CSR 30-30.070 is the subject of pending litigation against the department. No changes have been made to the rule as a result of this comment.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2010—Missouri State Board of Accountancy
Chapter 2—General Rules

ORDER OF RULEMAKING

By the authority vested in the Missouri State Board of Accountancy under sections 326.262, 326.271, and 326.277, RSMo 2016, and sections 326.280, 326.283, 326.286, and 326.289, RSMo Supp. 2017, the board amends a rule as follows:

20 CSR 2010-2.160 Fees **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1790–1792). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program

NOTIFICATION OF REVIEW: APPLICATION REVIEW SCHEDULE

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for May 7, 2018. These applications are available for public inspection at the address shown below.

Date Filed
Project Number: Project Name
City (County)
Cost, Description

2/21/2018
#5566 HS: Lee's Summit Medical Center
Lee's Summit (Jackson County)
$2,533,000, Add Additional Robotic Surgery System

2/23/2018
#5560 HS: St. Anthony's Medical Center
St. Louis (St. Louis County)
$2,222,000, Add Additional Robotic Surgery System

#5569 HS: Landmark Hospital of Columbia
Columbia (Boone County)
$27,215,204, Establish 23-bed LTCH

#5568 NS: Delta South Nursing and Rehabilitation
Sikeston (New Madrid County)
$25,050, Add 15 SNF beds

#5571 RS: Clarendale of Clayton
Clayton (St. Louis County)
$17,500,000, Establish 98-bed ALF

#5567 RS: Moberly Retirement Center
Moberly (Randolph County)
$1,600,000, Establish 18-bed RCF

#5553 HS: SoutheastHEALTH Behavioral Health Center
Cape Girardeau (Cape Girardeau County)
$29,255,227, Establish 102-bed Psychiatric Hospital

#5572 HS: Barnes-Jewish Hospital
St. Louis (St. Louis City)
$1,776,980, Add Additional Robotic Surgery System

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by March 28, 2018. All written requests and comments should be sent to—

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102
For additional information contact Karla Houchins at (573) 751-6700.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2016, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to adrules.dissolutions@sos.mo.gov.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST GI & ENDOSCOPY SPECIALISTS, LLC

On February 6, 2018, GI & Endoscopy Specialists, LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State. All persons and organizations with claims against the Company must submit a written summary of any claims against the Company to GI & Endoscopy Specialists, LLC Claims Administrator, c/o Evans & Dixon, LLC, 501 Cherry Street, Suite 200, Columbia, MO 65201, which summary shall include the name, address, and telephone numbers of the claimant, the amount of the claim, date(s) the claim accrued, a brief description of the nature and basis for the claim, and any documentation of the claim. Claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

NOTICE OF WINDING UP TO CREDITORS OF AND CLAIMANTS AGAINST INTER-ACTIVE CONNECTIONS, LLC

INTER-ACTIVE CONNECTIONS, LLC., a Missouri limited liability, filed its notice of winding up with the Missouri Secretary of State on January 18, 2018.

If you believe you have a claim against the company, you must submit a written claim to Blanton, Nickell, Collins, Douglas & Hanschen LLC, c/o Diedre A. Peters, PO Box 805, Sikeston, Missouri 63801. Claims must include: (1) the name, address, and telephone number of the claimant; (2) the amount claimed; (3) the basis of the claim; (4) the date on which the claim arose; and (5) any documentation in support of the claim.

All claims against INTER-ACTIVE CONNECTIONS, LLC will be barred unless a proceeding to enforce the claim is commenced within three years after the date of the publication of this notice.

To All Creditors and Claimants Against Golden Brokers I, Incorporated

On January 31, 2018, Golden Brokers I, Incorporated, a Missouri corporation, was dissolved upon the filing of its Articles of Dissolution by the Missouri Secretary of State. All persons who have claims against the corporation should present them immediately, if they have not already done so, by letter to Andrew J. Rehmer, Attorney at Law, 16533 N State Highway 5, Sunrise Beach, MO 65079. All claims must include the name and address of the claimant, the amount claimed and the basis for the claim. A claim against the corporation will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of this notice.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY

NOTICE OF DISSOLUTION TO ALL PERSONS HAVING A CLAIM AGAINST
VAST INTERACTIVE LLC

Pursuant to Section 347.141 of the Missouri Limited Liability Company Act, as amended, notice is hereby given that Notice of Winding Up of Vast Interactive LLC, a Missouri limited liability company ("Company"), was filed with the Missouri Secretary of State on February 6, 2018.

All persons having claims against Company (including persons having contractual claims that are contingent upon the occurrence or nonoccurrence of future events or otherwise conditional or unmatured) must present their claims against the Company in accordance with the Notice of Winding Up, in writing and must contain sufficient information to reasonably inform Company of the identity of the claimant and the substance of the claim. If you believe you have a claim against Company, please include the following information: (1) a brief description of the nature and basis for your claim; (2) the date(s) when the events on which your claim is based arose; (3) the amount of your claim; (4) the name, address, telephone number and email address (if applicable) of the claimant; and (5) any documentation related to your claim. All claims must be sent to Company at the following address:

Jeff Sanders
Gateway Blend, LLC
190 Carondelet Plaza, Suite 1200
St. Louis, MO 63105

Any and all claims against Company will be barred unless a proceeding to enforce a claim is commenced within three (3) years after the date of publication of this Notice of Dissolution of Company.

Company may make distributions to other claimants and Company's members, or persons interested as having been such, without further notice to the claimant.

To All Creditors and Claimants Against
Golden Brokers II, Incorporated

On January 31, 2018, Golden Brokers II, Incorporated, a Missouri corporation, was dissolved upon the filing of its Articles of Dissolution by the Missouri Secretary of State. All persons who have claims against the corporation should present them immediately, if they have not already done so, by letter to Andrew J. Rehmer, Attorney at Law, 16533 N State Highway 5, Sunrise Beach, MO 65079. All claims must include the name and address of the claimant, the amount claimed and the basis for the claim. A claim against the corporation will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of this notice.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY

NOTICE OF DISSOLUTION TO ALL PERSONS HAVING A CLAIM AGAINST FIND STUFF LLC

Pursuant to Section 347.141 of the Missouri Limited Liability Company Act, as amended, notice is hereby given that Notice of Winding Up of Find Stuff LLC, a Missouri limited liability company ("Company"), was filed with Missonri Secretary of State on February 6, 2018.

All persons having claims against Company (including persons having contractual claims that are contingent upon the occurrence or nonoccurrence of future events or otherwise conditional or unmatured) must present their claims against the Company in accordance with the Notice of Winding Up, in writing and must contain sufficient information to reasonably inform Company of the identity of the claimant and the snbstance of the claim. If you believe you have a claim against Company, please include the following information: (1) a brief description of the nature and basis for your claim; (2) the date(s) when the events on which your claim is based arose; (3) the amount of your claim; (4) the name, address, telephone number and email address (if applicable) of the claimant; and (5) any documentation related to your claim. All claims must be sent to Company at the following address:

Jeff Sanders
Gateway Blend, LLC
190 Carondelet Plaza, Suite 1200
St. Louis, MO 63105

Any and all claims against Company will be barred unless a proceeding to enforce a claim is commenced within three (3) years after the date of publication of this Notice of Dissolution of Company.

Company may make distributions to other claimants and Company's members, or persons interested as having been such, without further notice to the claimant.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST MVM ROLLINGWOOD PLACE FUND, INC.

MVM ROLLINGWOOD PLACE FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 12, 2018. Any and all claims against MVM ROLLINGWOOD PLACE FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the elaimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM ROLLINGWOOD PLACE FUND, INC. will be barred unless a procceding to enforce such claim is commenced within two (2) years after the date of this notice is published.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY

NOTICE OF DISSOLUTION TO ALL PERSONS HAVING A CLAIM AGAINST
CDT MEDIA ONLINE LLC

Pursuant to Section 347.141 of the Missouri Limited Liability Company Act, as amended, notice is hereby given that Notice of Winding Up of CDT Media Online LLC, a Missouri limited liability company ("Company"), was filed with the Missouri Secretary of State on February 6, 2018.

All persons having claims against Company (including persons having contractual claims that are contingent upon the occurrence or nonoccurrence of future events or otherwise conditional or unmatured) must present their claims against the Company in accordance with the Notice of Winding Up, in writing and must contain sufficient information to reasonably inform Company of the identity of the claimant and the substance of the claim. If you believe you have a claim against Company, please include the following information: (1) a brief description of the nature and basis for your claim; (2) the date(s) when the events on which your claim is based arose; (3) the amount of your claim; (4) the name, address, telephone number and email address (if applicable) of the claimant; and (5) any documentation related to your claim. All claims must be sent to Company at the following address:

Jeff Sanders
Gateway Blend, LLC
190 Carondelet Plaza, Suite 1200
St. Louis, MO 63105

Any and all claims against Company will be barred unless a proceeding to enforce a claim is commenced within three (3) years after the date of publication of this Notice of Dissolution of Company.

Company may make distributions to other claimants and Company's members, or persons interested as having been such, without further notice to the claimant.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST MVM PENDLETON FUND, INC.

MVM PENDLETON FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on February 2, 2018. Any and all claims against MVM PENDLETON FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM PENDLETON FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

NOTICE OF DISSOLUTION TO ALL CREDITORS
AND CLAIMANTS AGAINST MISSOURI MOBILE CONCRETE, INC.

On February 13, 2018, Missouri Mobile Concrete, Inc. filed its Articles of Dissolution with the Missouri Secretary of State. The dissolution was effective on February 13, 2018.

YOU ARE HEREBY NOTIFIED that if you believe you have a claim against Missouri Mobile Concrete, Inc., you must submit a summary in writing of the circumstances surrounding your claim to the said Missouri Mobile Concrete, Inc. at the following address: Missouri Mobile Concrete, Inc., C/O Robert Cowherd, Attorney at Law, P.O. Box 228, Chillicothe, MO 64601. Telephone: 660-646-0627.

The summary of your claim must include the following information:

1. The name, address and telephone number of the claimant.
2. The amount of the claim.
3. The date on which the event on which the claim is based occurred.
4. A brief description of the nature of the debt or the basis for the claim.

All claims against Missouri Mobile Concrete, Inc. will be barred unless the proceeding to enforce the claim is commended within two (2) years after the publication of this notice.

NOTICE OF DISSOLUTION OF PROFESSIONAL CORPORATION

NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST **ELLIOTT H. FARBERMAN, M.D., P.C.**, a Missouri professional corporation.

On February 12, 2018, **Elliott H. Farberman, M.D., P.C.**, a Missouri professional corporation (hereinafter the "Corporation"), filed its Articles of Dissolution by Voluntary Action with the Secretary of State, effective as of the date of filing by the Secretary of State.

The Corporation requests that all persons and organizations with claims against it present to them immediately, by letter, to the attention of: Elliot H. Farberman, 437 Falaise Dr., Creve Coeur, MO 63141. Each claim must include the following information: the name, address, and telephone number of the claimant; the amount claimed; the date on which the claim arose; the basis for the claim; and documentation in support of the claim.

All claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within two (2) years after publication of this notice.

Elliot H. Farberman, President of
ELLIOTT H. FARBERMAN, M.D., P.C.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST MVM HARVEST HILLS FUND, INC.

MVM HARVEST HILLS FUND, INC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State on January 12, 2018. Any and all claims against MVM HARVEST HILLS FUND, INC. may be sent to Jonathan Goldstein, Advantage Capital, 190 Carondelet Plaza, Suite 1500, St. Louis, MO 63105. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis of the claim and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against MVM HARVEST HILLS FUND, INC. will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date of this notice is published.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST BASSET LEASING, LLC

On February 9, 2018, Basset Leasing, LLC, filed a Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Claims against the LLC must be submitted to Basset Leasing, LLC, c/o Allen & Rector, P. C., Attorneys at Law, 135 Harwood Avenue, P. O. Box 1700, Lebanon, Missouri 65536.

Claims must include (1) the name and address of the claimant, (2) the amount and date of the claim, and (3) a brief description of the basis of the claim, including documentation.

NOTICE: All claims will be barred unless commenced within three years after the date of the publication of this notice.

NOTICE OF CORPORATE DISSOLUTION TO ALL
CREDITORS OF AND CLAIMANTS AGAINST
LYNCH GROMOWSKY LAW, LLC

On February 7, 2018, Lynch Gromowsky Law, LLC, a Missouri limited liability company, filed its Notice of Winding Up with the Missouri Secretary of State. Dissolution was effective February 7, 2018. All claims against the company should be directed to:

Betsy Lynch
9229 Ward Parkway
Suite 370
Kansas City, Missouri 64114

All claims must include: (1) the name and address of the claimant; (2) the amount claimed; (3) the basis for the claim; and (4) documentation of the claim. All claims against Lynch Gromowsky Law, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—42 (2017) and 43 (2018). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
	OFFICE OF ADMINISTRATION				
1 CSR 10	State Officials' Salary Compensation Schedule				42 MoReg 1849
1 CSR 20-5.015	Personnel Advisory Board and Division of Personnel		41 MoReg 1538		
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		41 MoReg 1539		
1 CSR 50-5.010	Missouri Ethics Commission		This Issue		
1 CSR 50-5.020	Missouri Ethics Commission		This Issue		
	DEPARTMENT OF AGRICULTURE				
2 CSR 30-10.010	Animal Health	43 MoReg 385	43 MoReg 386		
2 CSR 90-10	Weights, Measures and Consumer Protection				42 MoReg 1203
	DEPARTMENT OF CONSERVATION				
3 CSR 10-4.200	Conservation Commission		This Issue		
3 CSR 10-6.530	Conservation Commission		N.A.	This Issue	
3 CSR 10-6.620	Conservation Commission		N.A.	This Issue	
3 CSR 10-7.410	Conservation Commission		This Issue		
3 CSR 10-7.455	Conservation Commission				43 MoReg 93
3 CSR 10-9.105	Conservation Commission		This Issue		
3 CSR 10-9.442	Conservation Commission		This Issue		
3 CSR 10-10.705	Conservation Commission		This Issue		
3 CSR 10-12.109	Conservation Commission		This Issue		
3 CSR 10-12.145	Conservation Commission		N.A.	This Issue	
	DEPARTMENT OF ECONOMIC DEVELOPMENT				
4 CSR 240-3.050	Public Service Commission		42 MoReg 1641R		
4 CSR 240-10.075	Public Service Commission		42 MoReg 1641		
4 CSR 240-120.011	Public Service Commission		42 MoReg 1145	43 MoReg 176	
4 CSR 240-120.031	Public Service Commission		42 MoReg 1146	43 MoReg 177	
4 CSR 240-120.060	Public Service Commission		42 MoReg 1146	43 MoReg 177	
4 CSR 240-120.065	Public Service Commission		42 MoReg 1147	43 MoReg 178	
4 CSR 240-120.070	Public Service Commission		42 MoReg 1151	43 MoReg 183	
4 CSR 240-120.080	Public Service Commission		42 MoReg 1151	43 MoReg 183	
4 CSR 240-120.085	Public Service Commission		42 MoReg 1151	43 MoReg 184	
4 CSR 240-120.090	Public Service Commission		42 MoReg 1156	43 MoReg 186	
4 CSR 240-120.100	Public Service Commission		42 MoReg 1158	43 MoReg 186	
4 CSR 240-120.110	Public Service Commission		42 MoReg 1158	43 MoReg 187	
4 CSR 240-120.120	Public Service Commission		42 MoReg 1159	43 MoReg 188	
4 CSR 240-120.130	Public Service Commission		42 MoReg 1159	43 MoReg 188	
4 CSR 240-120.140	Public Service Commission		42 MoReg 1160	43 MoReg 190	
4 CSR 240-121.010	Public Service Commission		42 MoReg 1161	43 MoReg 190W	
4 CSR 240-121.020	Public Service Commission		42 MoReg 1161	43 MoReg 191W	
4 CSR 240-121.030	Public Service Commission		42 MoReg 1162	43 MoReg 192W	
4 CSR 240-121.040	Public Service Commission		42 MoReg 1163	43 MoReg 192W	
4 CSR 240-121.050	Public Service Commission		42 MoReg 1163	43 MoReg 193W	
4 CSR 240-121.060	Public Service Commission		42 MoReg 1164	43 MoReg 194W	
4 CSR 240-121.180	Public Service Commission		42 MoReg 1164	43 MoReg 194W	
4 CSR 240-123.010	Public Service Commission		42 MoReg 1164	43 MoReg 195	
4 CSR 240-123.020	Public Service Commission		42 MoReg 1165	43 MoReg 196	
4 CSR 240-123.030	Public Service Commission		42 MoReg 1166	43 MoReg 196	
4 CSR 240-123.040	Public Service Commission		42 MoReg 1167	43 MoReg 197	
4 CSR 240-123.050	Public Service Commission		42 MoReg 1169	43 MoReg 198	
4 CSR 240-123.060	Public Service Commission		42 MoReg 1169	43 MoReg 199	
4 CSR 240-123.065	Public Service Commission		42 MoReg 1170	43 MoReg 199	
4 CSR 240-123.070	Public Service Commission		42 MoReg 1174	43 MoReg 202	
4 CSR 240-123.080	Public Service Commission		42 MoReg 1174	43 MoReg 203	
4 CSR 240-123.090	Public Service Commission		42 MoReg 1175	43 MoReg 203	
4 CSR 240-123.095	Public Service Commission		42 MoReg 1176	43 MoReg 204	
4 CSR 240-124.010	Public Service Commission		42 MoReg 1180	43 MoReg 206	
4 CSR 240-124.020	Public Service Commission		42 MoReg 1180	43 MoReg 206	
4 CSR 240-124.030	Public Service Commission		42 MoReg 1180	43 MoReg 207	
4 CSR 240-124.040	Public Service Commission		42 MoReg 1181	43 MoReg 208	
4 CSR 240-124.045	Public Service Commission		42 MoReg 1182	43 MoReg 208W	
4 CSR 240-124.050	Public Service Commission		42 MoReg 1184	43 MoReg 209	
4 CSR 240-124.060	Public Service Commission		42 MoReg 1185	43 MoReg 209	
4 CSR 240-125.010	Public Service Commission		42 MoReg 1185	43 MoReg 210	
4 CSR 240-125.020	Public Service Commission		42 MoReg 1186	43 MoReg 211	
4 CSR 240-125.040	Public Service Commission		42 MoReg 1187	43 MoReg 211	
4 CSR 240-125.050	Public Service Commission		42 MoReg 1187	43 MoReg 212	
4 CSR 240-125.060	Public Service Commission		42 MoReg 1188	43 MoReg 213	
4 CSR 240-125.070	Public Service Commission		42 MoReg 1189	43 MoReg 214	
4 CSR 240-125.090	Public Service Commission		42 MoReg 1192	43 MoReg 218	
4 CSR 240-126.010	Public Service Commission		42 MoReg 1192	43 MoReg 218	
4 CSR 240-126.020	Public Service Commission		42 MoReg 1193	43 MoReg 219	
4 CSR 240-127.010	Public Service Commission		42 MoReg 1194	43 MoReg 220	
4 CSR 340-2	Division of Energy				43 MoReg 15
4 CSR 340-6.010	Division of Energy		41 MoReg 1908		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
	DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION				
5 CSR 20-300.140	Division of Learning Services		43 MoReg 252R		
5 CSR 20-400.640	Division of Learning Services		42 MoReg 1581		
5 CSR 20-500.310	Division of Learning Services		42 MoReg 1760R		
5 CSR 20-500.340	Division of Learning Services		42 MoReg 1760R		
	DEPARTMENT OF HIGHER EDUCATION				
6 CSR 10-4.010	Commissioner of Higher Education		43 MoReg 123		
	DEPARTMENT OF TRANSPORTATION				
7 CSR	Department of Transportation				41 MoReg 845
7 CSR 10-1.010	Missouri Highways and Transportation Commission		42 MoReg 1643		
7 CSR 10-2.020	Missouri Highways and Transportation Commission		This Issue		
7 CSR 10-3.010	Missouri Highways and Transportation Commission		42 MoReg 1825		
7 CSR 10-3.020	Missouri Highways and Transportation Commission		42 MoReg 1831		
7 CSR 10-3.030	Missouri Highways and Transportation Commission		42 MoReg 1832		
7 CSR 10-4.010	Missouri Highways and Transportation Commission		42 MoReg 1833		
7 CSR 10-4.020	Missouri Highways and Transportation Commission		42 MoReg 1834		
7 CSR 10-5.010	Missouri Highways and Transportation Commission		42 MoReg 1412	This Issue	
7 CSR 10-6.020	Missouri Highways and Transportation Commission		42 MoReg 1413	This Issue	
7 CSR 10-6.030	Missouri Highways and Transportation Commission		42 MoReg 1414	This Issue	
7 CSR 10-6.040	Missouri Highways and Transportation Commission		42 MoReg 1415	This Issue	
7 CSR 10-6.050	Missouri Highways and Transportation Commission		42 MoReg 1416	This Issue	
7 CSR 10-6.060	Missouri Highways and Transportation Commission		42 MoReg 1417	This Issue	
7 CSR 10-6.070	Missouri Highways and Transportation Commission		42 MoReg 1418	This Issue	
7 CSR 10-6.080	Missouri Highways and Transportation Commission		42 MoReg 1419	This Issue	
7 CSR 10-6.085	Missouri Highways and Transportation Commission		42 MoReg 1420	This Issue	
7 CSR 10-6.090	Missouri Highways and Transportation Commission		42 MoReg 1423	This Issue	
7 CSR 10-6.100	Missouri Highways and Transportation Commission		42 MoReg 1424	This Issue	
7 CSR 10-7.010	Missouri Highways and Transportation Commission		42 MoReg 1645		
7 CSR 10-8.005	Missouri Highways and Transportation Commission		43 MoReg 252		
7 CSR 10-8.011	Missouri Highways and Transportation Commission		43 MoReg 253R 43 MoReg 253		
7 CSR 10-8.021	Missouri Highways and Transportation Commission		43 MoReg 254R		
7 CSR 10-8.031	Missouri Highways and Transportation Commission		43 MoReg 254R		
7 CSR 10-8.041	Missouri Highways and Transportation Commission		43 MoReg 255R		
7 CSR 10-8.051	Missouri Highways and Transportation Commission		43 MoReg 255R		
7 CSR 10-8.061	Missouri Highways and Transportation Commission		43 MoReg 255R 43 MoReg 256		
7 CSR 10-8.071	Missouri Highways and Transportation Commission		43 MoReg 257R		
7 CSR 10-8.081	Missouri Highways and Transportation Commission		43 MoReg 257R		
7 CSR 10-8.091	Missouri Highways and Transportation Commission		43 MoReg 257R		
7 CSR 10-8.101	Missouri Highways and Transportation Commission		43 MoReg 258R		
7 CSR 10-8.111	Missouri Highways and Transportation Commission		43 MoReg 258R		
7 CSR 10-8.121	Missouri Highways and Transportation Commission		43 MoReg 258R 43 MoReg 259		
7 CSR 10-8.131	Missouri Highways and Transportation Commission		43 MoReg 260R		
7 CSR 10-8.141	Missouri Highways and Transportation Commission		43 MoReg 260R		
7 CSR 10-8.151	Missouri Highways and Transportation Commission		43 MoReg 260R		
7 CSR 10-8.161	Missouri Highways and Transportation Commission		43 MoReg 261R		
7 CSR 10-12.010	Missouri Highways and Transportation Commission		42 MoReg 1646		
7 CSR 10-12.020	Missouri Highways and Transportation Commission		42 MoReg 1646		
7 CSR 10-12.030	Missouri Highways and Transportation Commission		42 MoReg 1647		
7 CSR 10-13.010	Missouri Highways and Transportation Commission		This IssueR		
7 CSR 10-16.020	Missouri Highways and Transportation Commission		This Issue		
7 CSR 10-16.025	Missouri Highways and Transportation Commission		This Issue		
7 CSR 10-16.035	Missouri Highways and Transportation Commission		This Issue		
7 CSR 10-16.045	Missouri Highways and Transportation Commission		This Issue		
7 CSR 10-16.050	Missouri Highways and Transportation Commission		This Issue		
7 CSR 10-17.020	Missouri Highways and Transportation Commission		42 MoReg 1648		
7 CSR 10-17.030	Missouri Highways and Transportation Commission		42 MoReg 1651		
7 CSR 10-17.040	Missouri Highways and Transportation Commission		42 MoReg 1652		
7 CSR 10-17.050	Missouri Highways and Transportation Commission		42 MoReg 1653		
7 CSR 10-17.060	Missouri Highways and Transportation Commission		42 MoReg 1654		
7 CSR 10-18.020	Missouri Highways and Transportation Commission		42 MoReg 91 42 MoReg 1655		
7 CSR 10-19.010	Missouri Highways and Transportation Commission		42 MoReg 93R		
7 CSR 10-24.010	Missouri Highways and Transportation Commission		43 MoReg 39		
7 CSR 10-24.020	Missouri Highways and Transportation Commission		43 MoReg 41		
7 CSR 10-24.030	Missouri Highways and Transportation Commission		43 MoReg 41		
7 CSR 10-24.050	Missouri Highways and Transportation Commission		43 MoReg 42		
7 CSR 10-24.060	Missouri Highways and Transportation Commission		43 MoReg 43		
7 CSR 10-24.070	Missouri Highways and Transportation Commission		43 MoReg 43		
7 CSR 10-24.080	Missouri Highways and Transportation Commission		43 MoReg 43		
7 CSR 10-24.100	Missouri Highways and Transportation Commission		43 MoReg 44		
7 CSR 10-24.110	Missouri Highways and Transportation Commission		43 MoReg 44		
7 CSR 10-24.120	Missouri Highways and Transportation Commission		43 MoReg 45		
7 CSR 10-24.140	Missouri Highways and Transportation Commission		43 MoReg 45		
7 CSR 10-24.200	Missouri Highways and Transportation Commission		43 MoReg 46		
7 CSR 10-24.210	Missouri Highways and Transportation Commission		43 MoReg 46		
7 CSR 10-24.300	Missouri Highways and Transportation Commission		43 MoReg 46		
7 CSR 10-24.330	Missouri Highways and Transportation Commission		43 MoReg 47		
7 CSR 10-27.020	Missouri Highways and Transportation Commission		42 MoReg 1656		
7 CSR 10-27.040	Missouri Highways and Transportation Commission		42 MoReg 1656		
7 CSR 60-2.010	Traffic and Highway Safety Division		41 MoReg 1688		
7 CSR 60-2.020	Traffic and Highway Safety Division		41 MoReg 1689		
7 CSR 60-2.030	Traffic and Highway Safety Division		41 MoReg 1690		
7 CSR 60-2.040	Traffic and Highway Safety Division		41 MoReg 1695		
7 CSR 60-2.050	Traffic and Highway Safety Division		41 MoReg 1699		
7 CSR 60-2.060	Traffic and Highway Safety Division		41 MoReg 1699		
7 CSR 265-9.010	Motor Carrier and Railroad Safety		42 MoReg 1657		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
7 CSR 265-9.020	Motor Carrier and Railroad Safety		42 MoReg 1658		
7 CSR 265-9.040	Motor Carrier and Railroad Safety		42 MoReg 1659R		
7 CSR 265-9.050	Motor Carrier and Railroad Safety		42 MoReg 1659		
7 CSR 265-9.060	Motor Carrier and Railroad Safety		42 MoReg 1660R		
7 CSR 265-9.070	Motor Carrier and Railroad Safety		42 MoReg 1660		
7 CSR 265-9.090	Motor Carrier and Railroad Safety		42 MoReg 1661R		
7 CSR 265-9.100	Motor Carrier and Railroad Safety		42 MoReg 1661		
7 CSR 265-9.110	Motor Carrier and Railroad Safety		42 MoReg 1661		
7 CSR 265-9.130	Motor Carrier and Railroad Safety		42 MoReg 1662		
7 CSR 265-9.140	Motor Carrier and Railroad Safety		42 MoReg 1662R		
7 CSR 265-9.150	Motor Carrier and Railroad Safety		42 MoReg 1663R		
	DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS				
8 CSR	Department of Labor and Industrial Relations				41 MoReg 845
8 CSR 10-5.015	Division of Employment Security		43 MoReg 7		
	DEPARTMENT OF MENTAL HEALTH				
9 CSR	Department of Mental Health				41 MoReg 845
9 CSR 30-3.022	Certification Standards		43 MoReg 261R		
9 CSR 45-4.010	Division of Developmental Disabilities		42 MoReg 1761		
9 CSR 45-6.010	Division of Developmental Disabilities		43 MoReg 261R		
	DEPARTMENT OF NATURAL RESOURCES				
10 CSR	Department of Natural Resources				41 MoReg 845
10 CSR 1-2.030	Director's Office		43 MoReg 134R		
10 CSR 10-2.310	Air Conservation Commission		43 MoReg 262R		
10 CSR 10-2.360	Air Conservation Commission		43 MoReg 262R		
10 CSR 10-3.160	Air Conservation Commission		43 MoReg 262R		
10 CSR 10-5.120	Air Conservation Commission		43 MoReg 263R		
10 CSR 10-5.130	Air Conservation Commission		43 MoReg 263R		
10 CSR 10-5.450	Air Conservation Commission		43 MoReg 264R		
10 CSR 10-6.100	Air Conservation Commission		43 MoReg 264R		
10 CSR 10-6.350	Air Conservation Commission		43 MoReg 265R		
10 CSR 10-6.360	Air Conservation Commission		43 MoReg 265R		
10 CSR 20-1.010	Clean Water Commission		43 MoReg 134R		
10 CSR 20-1.020	Clean Water Commission		43 MoReg 135R		
10 CSR 20-4.020	Clean Water Commission		43 MoReg 135R		
10 CSR 20-4.021	Clean Water Commission		43 MoReg 135R		
10 CSR 20-4.022	Clean Water Commission		43 MoReg 135R		
10 CSR 20-4.043	Clean Water Commission		43 MoReg 136R		
10 CSR 20-4.049	Clean Water Commission		43 MoReg 136R		
10 CSR 20-4.060	Clean Water Commission		43 MoReg 136R		
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10 CSR 20-7.031	Clean Water Commission		42 MoReg 1424	This Issue	
10 CSR 22-1.010	Dam and Reservoir Safety Council		43 MoReg 137R		
10 CSR 22-1.030	Dam and Reservoir Safety Council		43 MoReg 137R		
10 CSR 22-2.060	Dam and Reservoir Safety Council		43 MoReg 137R		
10 CSR 22-4.010	Dam and Reservoir Safety Council		43 MoReg 138R		
10 CSR 23-1.020	Division of Geology and Land Survey		43 MoReg 138R		
10 CSR 23-3.025	Division of Geology and Land Survey		43 MoReg 138R		
10 CSR 24-2.010	Hazardous Substance Emergency Response Office		43 MoReg 138R		
10 CSR 24-3.010	Hazardous Substance Emergency Response Office		43 MoReg 139R		
10 CSR 25-1.010	Hazardous Waste Management Commission		43 MoReg 265R		
10 CSR 25-17.010	Hazardous Waste Management Commission		43 MoReg 266R		
10 CSR 25-17.020	Hazardous Waste Management Commission		43 MoReg 266R		
10 CSR 25-17.030	Hazardous Waste Management Commission		43 MoReg 266R		
10 CSR 25-17.040	Hazardous Waste Management Commission		43 MoReg 267R		
10 CSR 25-17.050	Hazardous Waste Management Commission		43 MoReg 267R		
10 CSR 25-17.060	Hazardous Waste Management Commission		43 MoReg 267R		
10 CSR 25-17.070	Hazardous Waste Management Commission		43 MoReg 268R		
10 CSR 25-17.080	Hazardous Waste Management Commission		43 MoReg 268R		
10 CSR 25-17.090	Hazardous Waste Management Commission		43 MoReg 268R		
10 CSR 25-17.100	Hazardous Waste Management Commission		43 MoReg 269R		
10 CSR 25-17.110	Hazardous Waste Management Commission		43 MoReg 269R		
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10 CSR 25-17.160	Hazardous Waste Management Commission		43 MoReg 271R		
10 CSR 25-17.170	Hazardous Waste Management Commission		43 MoReg 271R		
10 CSR 26-1.010	Petroleum and Hazardous Substance Storage Tanks		43 MoReg 271R		
10 CSR 30-1.010	Land Survey		42 MoReg 1584R	43 MoReg 472R	
10 CSR 30-2.010	Land Survey		42 MoReg 1584R	43 MoReg 472R	
10 CSR 30-2.020	Land Survey		42 MoReg 1584R	43 MoReg 472R	
10 CSR 30-2.030	Land Survey		42 MoReg 1585R	43 MoReg 472R	
10 CSR 30-2.040	Land Survey		42 MoReg 1585R	43 MoReg 473R	
10 CSR 30-2.050	Land Survey		42 MoReg 1585R	43 MoReg 473R	
10 CSR 30-2.060	Land Survey		42 MoReg 1585R	43 MoReg 473R	
10 CSR 30-2.070	Land Survey		42 MoReg 1586R	43 MoReg 473R	
10 CSR 30-2.080	Land Survey		42 MoReg 1586R	43 MoReg 473R	
10 CSR 30-2.090	Land Survey		42 MoReg 1586R	43 MoReg 473R	
10 CSR 30-2.100	Land Survey		42 MoReg 1587R	43 MoReg 474R	
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10 CSR 40-1.010	Land Reclamation Commission		43 MoReg 272R		
10 CSR 40-2.010	Land Reclamation Commission		43 MoReg 272R		
10 CSR 40-2.020	Land Reclamation Commission		43 MoReg 272R		
10 CSR 40-2.030	Land Reclamation Commission		43 MoReg 273R		
10 CSR 40-2.040	Land Reclamation Commission		43 MoReg 273R		

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10 CSR 40-2.060	Land Reclamation Commission		43 MoReg 273R		
10 CSR 40-2.070	Land Reclamation Commission		43 MoReg 274R		
10 CSR 40-2.080	Land Reclamation Commission		43 MoReg 274R		
10 CSR 40-2.090	Land Reclamation Commission		43 MoReg 274R		
10 CSR 40-2.100	Land Reclamation Commission		43 MoReg 274R		
10 CSR 40-2.110	Land Reclamation Commission		43 MoReg 275R		
10 CSR 40-10.060	Land Reclamation Commission		43 MoReg 275R		
10 CSR 40-10.090	Land Reclamation Commission		43 MoReg 275R		
10 CSR 45-1.010	Metallic Minerals Waste Management		43 MoReg 275R		
10 CSR 50-1.010	Oil and Gas Council		43 MoReg 139R		
10 CSR 60-1.010	Safe Drinking Water Commission		43 MoReg 139R		
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10 CSR 60-4.092	Safe Drinking Water Commission		43 MoReg 140R		
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10 CSR 90-2.060	State Parks		43 MoReg 149R		
10 CSR 90-3.050	State Parks		43 MoReg 149R		
10 CSR 90-3.060	State Parks		43 MoReg 149R		
10 CSR 90-3.070	State Parks		43 MoReg 150R		
10 CSR 90-3.080	State Parks		43 MoReg 150R		
10 CSR 100-2.010	Petroleum Storage Tank Insurance Fund Board of Trustees		This Issue		
10 CSR 100-4.010	Petroleum Storage Tank Insurance Fund Board of Trustees		This Issue		
10 CSR 100-4.020	Petroleum Storage Tank Insurance Fund Board of Trustees		This Issue		
10 CSR 100-5.010	Petroleum Storage Tank Insurance Fund Board of Trustees		This Issue		
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10 CSR 100-6.010	Petroleum Storage Tank Insurance Fund Board of Trustees		This Issue		
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11 CSR 30-16.020	Office of the Director		42 MoReg 182		
11 CSR 45-1.040	Missouri Gaming Commission		43 MoReg 48R		
11 CSR 45-4.020	Missouri Gaming Commission		41 MoReg 1543		
11 CSR 45-4.070	Missouri Gaming Commission		43 MoReg 48R		
11 CSR 45-4.430	Missouri Gaming Commission		43 MoReg 49R		
11 CSR 45-5.020	Missouri Gaming Commission		43 MoReg 49R		
11 CSR 45-5.053	Missouri Gaming Commission		41 MoReg 1543		
11 CSR 45-5.250	Missouri Gaming Commission		43 MoReg 49R		
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11 CSR 45-14.030	Missouri Gaming Commission		43 MoReg 53R		
11 CSR 45-14.040	Missouri Gaming Commission		43 MoReg 54R		
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11 CSR 45-16.030	Missouri Gaming Commission		43 MoReg 55R		
11 CSR 45-16.040	Missouri Gaming Commission		43 MoReg 55R		
11 CSR 45-16.050	Missouri Gaming Commission		43 MoReg 55R		
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11 CSR 45-31.005	Missouri Gaming Commission		43 MoReg 57R		
11 CSR 45-60.010	Missouri Gaming Commission		43 MoReg 57R		
11 CSR 45-60.020	Missouri Gaming Commission		43 MoReg 58R		
11 CSR 45-60.025	Missouri Gaming Commission		43 MoReg 58R		
11 CSR 45-60.030	Missouri Gaming Commission		43 MoReg 58R		
11 CSR 45-60.040	Missouri Gaming Commission		43 MoReg 58R		
11 CSR 45-60.050	Missouri Gaming Commission		43 MoReg 59R		
11 CSR 45-60.055	Missouri Gaming Commission		43 MoReg 59R		
11 CSR 45-60.060	Missouri Gaming Commission		43 MoReg 59R		
11 CSR 45-61.010	Missouri Gaming Commission		43 MoReg 60R		
11 CSR 45-61.015	Missouri Gaming Commission		43 MoReg 60R		
11 CSR 45-61.020	Missouri Gaming Commission		43 MoReg 60R		
11 CSR 45-61.021	Missouri Gaming Commission		43 MoReg 60R		
11 CSR 45-61.022	Missouri Gaming Commission		43 MoReg 61R		
11 CSR 45-61.023	Missouri Gaming Commission		43 MoReg 61R		
11 CSR 45-61.024	Missouri Gaming Commission		43 MoReg 61R		
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11 CSR 45-61.030	Missouri Gaming Commission		43 MoReg 63R		
11 CSR 45-62.010	Missouri Gaming Commission		43 MoReg 63R		
11 CSR 45-62.020	Missouri Gaming Commission		43 MoReg 64R		
11 CSR 45-62.030	Missouri Gaming Commission		43 MoReg 64R		
11 CSR 45-62.035	Missouri Gaming Commission		43 MoReg 64R		
11 CSR 45-62.040	Missouri Gaming Commission		43 MoReg 64R		
11 CSR 45-62.050	Missouri Gaming Commission		43 MoReg 65R		
11 CSR 45-62.055	Missouri Gaming Commission		43 MoReg 65R		
11 CSR 45-62.060	Missouri Gaming Commission		43 MoReg 65R		
11 CSR 45-62.070	Missouri Gaming Commission		43 MoReg 66R		
11 CSR 45-62.080	Missouri Gaming Commission		43 MoReg 66R		
11 CSR 45-62.090	Missouri Gaming Commission		43 MoReg 66R		
11 CSR 45-62.100	Missouri Gaming Commission		43 MoReg 66R		
11 CSR 45-62.110	Missouri Gaming Commission		43 MoReg 67R		
11 CSR 45-62.120	Missouri Gaming Commission		43 MoReg 67R		
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11 CSR 45-62.260	Missouri Gaming Commission		43 MoReg 72R		
11 CSR 45-65.010	Missouri Gaming Commission		43 MoReg 72R		
11 CSR 45-65.020	Missouri Gaming Commission		43 MoReg 72R		
11 CSR 45-65.030	Missouri Gaming Commission		43 MoReg 72R		
11 CSR 45-65.035	Missouri Gaming Commission		43 MoReg 73R		
11 CSR 45-65.040	Missouri Gaming Commission		43 MoReg 73R		
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11 CSR 45-70.040	Missouri Gaming Commission		43 MoReg 74R		
11 CSR 45-80.010	Missouri Gaming Commission		43 MoReg 75R		
11 CSR 45-80.020	Missouri Gaming Commission		43 MoReg 75R		
11 CSR 45-80.030	Missouri Gaming Commission		43 MoReg 75R		
11 CSR 45-80.040	Missouri Gaming Commission		43 MoReg 76R		
11 CSR 45-80.050	Missouri Gaming Commission		43 MoReg 76R		
11 CSR 45-80.060	Missouri Gaming Commission		43 MoReg 76R		
11 CSR 45-80.070	Missouri Gaming Commission		43 MoReg 76R		
11 CSR 45-80.080	Missouri Gaming Commission		43 MoReg 77R		
11 CSR 45-80.090	Missouri Gaming Commission		43 MoReg 77R		
11 CSR 45-80.091	Missouri Gaming Commission		43 MoReg 77R		
11 CSR 45-80.100	Missouri Gaming Commission		43 MoReg 78R		
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11 CSR 45-80.140	Missouri Gaming Commission		43 MoReg 79R		
11 CSR 45-80.150	Missouri Gaming Commission		43 MoReg 79R		
11 CSR 45-80.160	Missouri Gaming Commission		43 MoReg 79R		
11 CSR 45-80.170	Missouri Gaming Commission		43 MoReg 80R		
11 CSR 45-80.180	Missouri Gaming Commission		43 MoReg 80R		

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11 CSR 45-80.210	Missouri Gaming Commission		43 MoReg 81R		
11 CSR 45-80.220	Missouri Gaming Commission		43 MoReg 81R		
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11 CSR 45-80.250	Missouri Gaming Commission		43 MoReg 82R		
11 CSR 45-90.010	Missouri Gaming Commission		43 MoReg 82R		
11 CSR 45-90.020	Missouri Gaming Commission		43 MoReg 82R		
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11 CSR 50-2.010	Missouri State Highway Patrol	42 MoReg 1751	42 MoReg 1764		
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12 CSR 10-2.025	Director of Revenue		43 MoReg 387R		
12 CSR 10-2.120	Director of Revenue		43 MoReg 387R		
12 CSR 10-3.002	Director of Revenue		43 MoReg 387R		
12 CSR 10-3.018	Director of Revenue		43 MoReg 387R		
12 CSR 10-3.142	Director of Revenue		43 MoReg 388R		
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12 CSR 10-4.095	Director of Revenue		43 MoReg 395R		
12 CSR 10-4.105	Director of Revenue		43 MoReg 395R		
12 CSR 10-4.110	Director of Revenue		43 MoReg 396R		
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12 CSR 10-7.270	Director of Revenue		43 MoReg 405R		
12 CSR 10-7.280	Director of Revenue		43 MoReg 405R		
12 CSR 10-9.100	Director of Revenue		43 MoReg 405R		

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12 CSR 10-9.190	Director of Revenue		43 MoReg 406R		
12 CSR 10-9.210	Director of Revenue		43 MoReg 407R		
12 CSR 10-9.220	Director of Revenue		43 MoReg 407R		
12 CSR 10-9.230	Director of Revenue		43 MoReg 407R		
12 CSR 10-9.240	Director of Revenue		43 MoReg 407R		
12 CSR 10-9.250	Director of Revenue		43 MoReg 408R		
12 CSR 10-9.260	Director of Revenue		43 MoReg 408R		
12 CSR 10-9.270	Director of Revenue		43 MoReg 408R		
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12 CSR 10-23.456	Director of Revenue		43 MoReg 154R		
12 CSR 10-23.458	Director of Revenue		43 MoReg 155R		
12 CSR 10-24.010	Director of Revenue		43 MoReg 155R		
12 CSR 10-24.020	Director of Revenue		43 MoReg 155R		
12 CSR 10-24.040	Director of Revenue		43 MoReg 155R		
12 CSR 10-24.070	Director of Revenue		43 MoReg 156R		
12 CSR 10-24.100	Director of Revenue		43 MoReg 156R		
12 CSR 10-24.404	Director of Revenue		43 MoReg 156R		
12 CSR 10-24.428	Director of Revenue		43 MoReg 157R		
12 CSR 10-24.438	Director of Revenue		43 MoReg 157R		
12 CSR 10-24.460	Director of Revenue		43 MoReg 157R		
12 CSR 10-24.465	Director of Revenue		43 MoReg 157R		
12 CSR 10-25.050	Director of Revenue		43 MoReg 158R		
12 CSR 10-25.060	Director of Revenue		43 MoReg 158R		
12 CSR 10-25.070	Director of Revenue		43 MoReg 158R		
12 CSR 10-25.080	Director of Revenue		43 MoReg 158R		
12 CSR 10-41.010	Director of Revenue	42 MoReg 1752	42 MoReg 1765	This Issue	
12 CSR 10-400.210	Director of Revenue		43 MoReg 409R		
12 CSR 10-405.100	Director of Revenue		43 MoReg 409R		
12 CSR 10-405.105	Director of Revenue		43 MoReg 409R		
12 CSR 10-405.200	Director of Revenue		43 MoReg 410R		
12 CSR 10-405.205	Director of Revenue		43 MoReg 410R		
12 CSR 30-2.015	State Tax Commission		43 MoReg 7R		
12 CSR 30-3.025	State Tax Commission		43 MoReg 8R		
12 CSR 30-3.040	State Tax Commission		43 MoReg 8R		
12 CSR 30-3.050	State Tax Commission		43 MoReg 8R		
12 CSR 30-3.060	State Tax Commission		43 MoReg 8R		
12 CSR 30-3.065	State Tax Commission		43 MoReg 9R		
12 CSR 30-3.070	State Tax Commission		43 MoReg 9R		
12 CSR 30-3.080	State Tax Commission		43 MoReg 9R		
12 CSR 30-3.085	State Tax Commission		43 MoReg 9R		
12 CSR 30-4.010	State Tax Commission		41 MoReg 160 43 MoReg 159		
12 CSR 40-10.010	State Lottery		43 MoReg 161		
12 CSR 40-10.040	State Lottery		43 MoReg 161R		
12 CSR 40-15.010	State Lottery		43 MoReg 161R		
12 CSR 40-20.010	State Lottery		43 MoReg 161		
12 CSR 40-20.020	State Lottery		43 MoReg 162R		
12 CSR 40-40.015	State Lottery		43 MoReg 162		
12 CSR 40-40.030	State Lottery		43 MoReg 162		
12 CSR 40-40.070	State Lottery		43 MoReg 163R		
12 CSR 40-40.100	State Lottery		43 MoReg 163R		
12 CSR 40-40.120	State Lottery		43 MoReg 163		
12 CSR 40-40.130	State Lottery		43 MoReg 164		
12 CSR 40-40.150	State Lottery		43 MoReg 164		
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12 CSR 40-40.220	State Lottery		43 MoReg 165		
12 CSR 40-40.250	State Lottery		43 MoReg 165R		
12 CSR 40-40.260	State Lottery		43 MoReg 165		
12 CSR 40-40.270	State Lottery		43 MoReg 166R		
12 CSR 40-40.280	State Lottery		43 MoReg 166		
12 CSR 40-50.010	State Lottery		43 MoReg 166		
12 CSR 40-50.030	State Lottery		43 MoReg 167		
12 CSR 40-50.060	State Lottery		43 MoReg 168		
12 CSR 40-60.040	State Lottery		43 MoReg 168		
12 CSR 40-60.050	State Lottery		43 MoReg 168R		
12 CSR 40-70.050	State Lottery		43 MoReg 168R		
12 CSR 40-70.080	State Lottery		43 MoReg 169		
12 CSR 40-80.010	State Lottery		43 MoReg 169		
12 CSR 40-80.020	State Lottery		43 MoReg 169		
12 CSR 40-80.030	State Lottery		43 MoReg 170R		
12 CSR 40-80.050	State Lottery		43 MoReg 170		

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12 CSR 40-80.090	State Lottery		43 MoReg 171R		
12 CSR 40-80.100	State Lottery		43 MoReg 171R		
12 CSR 40-80.110	State Lottery		43 MoReg 171R		
12 CSR 40-80.130	State Lottery		43 MoReg 171R		
12 CSR 40-85.005	State Lottery		43 MoReg 172		
12 CSR 40-85.010	State Lottery		43 MoReg 172R		
12 CSR 40-85.030	State Lottery		43 MoReg 172		
12 CSR 40-85.050	State Lottery		43 MoReg 173		
12 CSR 40-85.060	State Lottery		43 MoReg 173R		
12 CSR 40-85.070	State Lottery		43 MoReg 174R		
12 CSR 40-85.080	State Lottery		43 MoReg 174R		
12 CSR 40-85.090	State Lottery		43 MoReg 174R		
12 CSR 40-85.100	State Lottery		43 MoReg 174R		
12 CSR 40-85.170	State Lottery		43 MoReg 175R		
12 CSR 40-90.110	State Lottery		43 MoReg 175R		
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13 CSR	Department of Social Services				42 MoReg 990
13 CSR 10-1.015	Division of Finance and Administrative Services		43 MoReg 276R		
13 CSR 35-32.040	Children's Division		43 MoReg 276R		
13 CSR 40-2.080	Family Support Division		42 MoReg 1587		
13 CSR 40-2.220	Family Support Division		43 MoReg 276R		
13 CSR 40-2.280	Family Support Division		43 MoReg 277R		
13 CSR 40-2.290	Family Support Division		43 MoReg 277R		
13 CSR 40-34.070	Family Support Division		42 MoReg 1588R		
13 CSR 40-59.020	Family Support Division		43 MoReg 277R		
13 CSR 40-59.030	Family Support Division		43 MoReg 277R		
13 CSR 40-91.040	Family Support Division		42 MoReg 1835R		
13 CSR 70-3.030	MO HealthNet Division		42 MoReg 1589		
13 CSR 70-10.050	MO HealthNet Division		43 MoReg 278R		
13 CSR 70-10.150	MO HealthNet Division		42 MoReg 1835R		
13 CSR 70-15.090	MO HealthNet Division		42 MoReg 1835		
13 CSR 70-91.020	MO HealthNet Division		42 MoReg 1838R		
13 CSR 70-93.010	MO HealthNet Division		43 MoReg 278R		
13 CSR 70-93.020	MO HealthNet Division		43 MoReg 278R		
13 CSR 70-96.010	MO HealthNet Division		42 MoReg 1838R		
13 CSR 110-2.110	Division of Youth Services		43 MoReg 278R		
13 CSR 110-4.010	Division of Youth Services		43 MoReg 279R		
13 CSR 110-6.010	Division of Youth Services		43 MoReg 279R		
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14 CSR	Department of Corrections				42 MoReg 990
14 CSR 80-3.020	State Board of Probation and Parole		42 MoReg 1768		
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15 CSR 30-120.010	Secretary of State	42 MoReg 1297	42 MoReg 1318	43 MoReg 287	
15 CSR 30-120.020	Secretary of State	42 MoReg 1298	42 MoReg 1318	43 MoReg 287	
15 CSR 30-120.030	Secretary of State	42 MoReg 1298	42 MoReg 1319	43 MoReg 289	
15 CSR 30-120.040	Secretary of State	42 MoReg 1299	42 MoReg 1320	43 MoReg 290	
15 CSR 30-120.050	Secretary of State	42 MoReg 1299	42 MoReg 1320	43 MoReg 291	
15 CSR 30-120.060	Secretary of State	42 MoReg 1300	42 MoReg 1321	43 MoReg 292	
15 CSR 30-120.070	Secretary of State	42 MoReg 1301	42 MoReg 1321	43 MoReg 292	
15 CSR 40-3.125	State Auditor		43 MoReg 410		
15 CSR 40-3.135	State Auditor		43 MoReg 441		
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16 CSR 10-5.010	The Public School Retirement System of Missouri		42 MoReg 1552	43 MoReg 221	
16 CSR 10-6.060	The Public School Retirement System of Missouri		42 MoReg 1553	43 MoReg 221	
16 CSR 50-2.010	The County Employees' Retirement Fund		42 MoReg 1591	43 MoReg 293	
16 CSR 50-2.030	The County Employees' Retirement Fund		42 MoReg 1592	43 MoReg 293	
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19 CSR 10-10	Office of the Director				42 MoReg 991
19 CSR 10-15.010	Office of the Director		42 MoReg 1768	This Issue	
19 CSR 10-15.020	Office of the Director		42 MoReg 1769	This Issue	
19 CSR 10-15.030	Office of the Director		42 MoReg 1769	This Issue	
19 CSR 10-15.040	Office of the Director		42 MoReg 1770R	This IssueR	
19 CSR 10-15.050	Office of the Director	42 MoReg 1752	42 MoReg 1770	This Issue	
19 CSR 10-33.010	Office of the Director		42 MoReg 1774	This Issue	
19 CSR 10-33.050	Office of the Director		42 MoReg 1774	This Issue	
19 CSR 15-3.010	Division of Senior and Disability Services		43 MoReg 279R		
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19 CSR 15-3.030	Division of Senior and Disability Services		43 MoReg 280R		
19 CSR 15-3.040	Division of Senior and Disability Services		43 MoReg 280R		
19 CSR 15-3.050	Division of Senior and Disability Services		43 MoReg 280R		
19 CSR 15-4.030	Division of Senior and Disability Services		43 MoReg 280R		
19 CSR 15-4.310	Division of Senior and Disability Services		43 MoReg 281R		
19 CSR 15-8.410	Division of Senior and Disability Services		40 MoReg 131		
19 CSR 20-1.040	Division of Community and Public Health	42 MoReg 1639	42 MoReg 1663	This Issue	
19 CSR 30-30.050	Division of Regulation and Licensure		42 MoReg 1776	This Issue	
19 CSR 30-30.060	Division of Regulation and Licensure		42 MoReg 1777	This Issue	
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19 CSR 30-40.365	Division of Regulation and Licensure		42 MoReg 1322	43 MoReg 293	
19 CSR 30-40.420	Division of Regulation and Licensure	This Issue	This Issue		
19 CSR 30-40.720	Division of Regulation and Licensure	42 MoReg 1302	42 MoReg 1322	43 MoReg 293	
19 CSR 30-40.750	Division of Regulation and Licensure	This Issue	This Issue		
19 CSR 30-70.200	Division of Regulation and Licensure		43 MoReg 281R		
19 CSR 40-10.010	Division of Maternal, Child and Family Health		43 MoReg 281R		
19 CSR 50-3.010	Division of Injury Prevention, Head Injury Rehabilitation and Local Health Services		43 MoReg 282R		

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19 CSR 50-10.010	Division of Injury Prevention, Head Injury Rehabilitation and Local Health Services		43 MoReg 282R		
19 CSR 50-10.020	Division of Injury Prevention, Head Injury Rehabilitation and Local Health Services		43 MoReg 282R		
19 CSR 60-50	Missouri Health Facilities Review Committee				43 MoReg 477 This Issue
19 CSR 90-1.010	Missouri Senior Rx Program		43 MoReg 282R		
19 CSR 90-1.020	Missouri Senior Rx Program		43 MoReg 283R		
19 CSR 90-1.030	Missouri Senior Rx Program		43 MoReg 283R		
19 CSR 90-1.040	Missouri Senior Rx Program		43 MoReg 283R		
19 CSR 90-1.050	Missouri Senior Rx Program		43 MoReg 283R		
19 CSR 90-1.060	Missouri Senior Rx Program		43 MoReg 284R		
19 CSR 90-1.070	Missouri Senior Rx Program		43 MoReg 284R		
19 CSR 90-1.080	Missouri Senior Rx Program		43 MoReg 284R		
19 CSR 90-1.090	Missouri Senior Rx Program		43 MoReg 285R		
19 CSR 90-2.010	Missouri Senior Rx Program		43 MoReg 285R		
19 CSR 90-2.020	Missouri Senior Rx Program		43 MoReg 285R		
19 CSR 90-2.030	Missouri Senior Rx Program		43 MoReg 285R		
19 CSR 90-2.040	Missouri Senior Rx Program		43 MoReg 286R		
19 CSR 90-2.050	Missouri Senior Rx Program		43 MoReg 286R		
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20 CSR	Applied Behavior Analysis Maximum Benefit				43 MoReg 477
20 CSR	Construction Claims Binding Arbitration Cap				42 MoReg 1851
20 CSR	Sovereign Immunity Limits				42 MoReg 1851
20 CSR	State Legal Expense Fund Cap				42 MoReg 1851
20 CSR 2010-2.160	Missouri State Board of Accountancy		42 MoReg 1790	This Issue	
20 CSR 2015-1.030	Acupuncturist Advisory Committee	42 MoReg 156			
20 CSR 2030-5.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		42 MoReg 1838R		
20 CSR 2070-2.090	State Board of Chiropractic Examiners	41 MoReg 1525			
20 CSR 2110-2.085	Missouri Dental Board		43 MoReg 10R		
20 CSR 2110-2.110	Missouri Dental Board		43 MoReg 10R		
20 CSR 2110-2.111	Missouri Dental Board		43 MoReg 10R		
20 CSR 2110-2.132	Missouri Dental Board		43 MoReg 10R		
20 CSR 2110-2.140	Missouri Dental Board		43 MoReg 11R		
20 CSR 2110-2.150	Missouri Dental Board		43 MoReg 11R		
20 CSR 2110-2.170	Missouri Dental Board		This Issue		
20 CSR 2110-2.220	Missouri Dental Board		43 MoReg 11R		
20 CSR 2150-3.040	State Board of Registration for the Healing Arts		43 MoReg 83		
20 CSR 2150-7.135	State Board of Registration for the Healing Arts		43 MoReg 83		
20 CSR 2150-7.136	State Board of Registration for the Healing Arts		43 MoReg 85R		
20 CSR 2150-7.137	State Board of Registration for the Healing Arts		43 MoReg 85R		
20 CSR 2197-1.040	Board of Therapeutic Massage	41 MoReg 825			
20 CSR 2200-1.010	State Board of Nursing		42 MoReg 1838R		
20 CSR 2200-1.020	State Board of Nursing		42 MoReg 1839R		
20 CSR 2200-2.001	State Board of Nursing		This Issue		
20 CSR 2200-2.010	State Board of Nursing		This Issue		
20 CSR 2200-2.020	State Board of Nursing		This Issue		
20 CSR 2200-2.030	State Board of Nursing		This Issue		
20 CSR 2200-2.035	State Board of Nursing		This Issue		
20 CSR 2200-2.040	State Board of Nursing		This Issue		
20 CSR 2200-2.050	State Board of Nursing		This Issue		
20 CSR 2200-2.060	State Board of Nursing		This Issue		
20 CSR 2200-2.070	State Board of Nursing		This Issue		
20 CSR 2200-2.080	State Board of Nursing		This Issue		
20 CSR 2200-2.085	State Board of Nursing		This Issue		
20 CSR 2200-2.090	State Board of Nursing		This Issue		
20 CSR 2200-2.100	State Board of Nursing		This Issue		
20 CSR 2200-2.110	State Board of Nursing		This Issue		
20 CSR 2200-2.120	State Board of Nursing		This Issue		
20 CSR 2200-2.130	State Board of Nursing		This Issue		
20 CSR 2200-2.180	State Board of Nursing		This Issue		
20 CSR 2200-3.001	State Board of Nursing		This Issue		
20 CSR 2200-3.010	State Board of Nursing		This Issue		
20 CSR 2200-3.020	State Board of Nursing		This Issue		
20 CSR 2200-3.030	State Board of Nursing		This Issue		
20 CSR 2200-3.035	State Board of Nursing		This Issue		
20 CSR 2200-3.040	State Board of Nursing		This Issue		
20 CSR 2200-3.050	State Board of Nursing		This Issue		
20 CSR 2200-3.060	State Board of Nursing		This Issue		
20 CSR 2200-3.070	State Board of Nursing		This Issue		
20 CSR 2200-3.080	State Board of Nursing		This Issue		
20 CSR 2200-3.085	State Board of Nursing		This Issue		
20 CSR 2200-3.090	State Board of Nursing		This Issue		
20 CSR 2200-3.100	State Board of Nursing		This Issue		
20 CSR 2200-3.110	State Board of Nursing		This Issue		
20 CSR 2200-3.120	State Board of Nursing		This Issue		
20 CSR 2200-3.130	State Board of Nursing		This Issue		
20 CSR 2200-3.180	State Board of Nursing		This Issue		
20 CSR 2200-4.022	State Board of Nursing		42 MoReg 1663R	43 MoReg 474R	
20 CSR 2200-4.025	State Board of Nursing		42 MoReg 1664R	43 MoReg 474R	
20 CSR 2200-4.026	State Board of Nursing		42 MoReg 1664R	43 MoReg 474R	
20 CSR 2200-4.027	State Board of Nursing		42 MoReg 1664R	43 MoReg 474R	
20 CSR 2200-4.028	State Board of Nursing		42 MoReg 1664R	43 MoReg 475R	
20 CSR 2200-4.029	State Board of Nursing		42 MoReg 1665R	43 MoReg 475R	
20 CSR 2200-8.001	State Board of Nursing		This Issue		

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20 CSR 2200-8.010	State Board of Nursing		This Issue		
20 CSR 2200-8.020	State Board of Nursing		This Issue		
20 CSR 2200-8.030	State Board of Nursing		This Issue		
20 CSR 2200-8.035	State Board of Nursing		This Issue		
20 CSR 2200-8.050	State Board of Nursing		This Issue		
20 CSR 2200-8.080	State Board of Nursing		This Issue		
20 CSR 2200-8.085	State Board of Nursing		This Issue		
20 CSR 2200-8.100	State Board of Nursing		This Issue		
20 CSR 2205-5.010	Missouri Board of Occupational Therapy		42 MoReg 1839		
20 CSR 2220-2.025	State Board of Pharmacy		42 MoReg 1665	43 MoReg 475	
20 CSR 2220-2.085	State Board of Pharmacy		43 MoReg 85		
20 CSR 2220-6.040	State Board of Pharmacy		43 MoReg 86		
20 CSR 2220-6.050	State Board of Nursing		This Issue		
20 CSR 2245-2.050	Real Estate Appraisers		42 MoReg 1842		
20 CSR 2245-6.010	Real Estate Appraisers		43 MoReg 12R		
20 CSR 2245-10.010	Real Estate Appraisers		42 MoReg 1842		
20 CSR 2245-10.020	Real Estate Appraisers		42 MoReg 1845		
20 CSR 2245-10.030	Real Estate Appraisers		42 MoReg 1845		
20 CSR 2263-2.050	State Committee for Social Workers		42 MoReg 1592	43 MoReg 293	
20 CSR 2263-2.051	State Committee for Social Workers		42 MoReg 1596	43 MoReg 293	
20 CSR 2263-2.060	State Committee for Social Workers		42 MoReg 1599	43 MoReg 294	
20 CSR 2263-2.082	State Committee for Social Workers		42 MoReg 1602	43 MoReg 294	
20 CSR 2263-2.085	State Committee for Social Workers		42 MoReg 1602	43 MoReg 294	
20 CSR 2263-3.040	State Committee for Social Workers		42 MoReg 1606	43 MoReg 294	
	MISSOURI CONSOLIDATED HEALTH CARE PLAN				
22 CSR 10-2.030	Health Care Plan	42 MoReg 1755	42 MoReg 1793		
22 CSR 10-2.089	Health Care Plan	42 MoReg 1756	42 MoReg 1793		
22 CSR 10-2.094	Health Care Plan	42 MoReg 1358R 42 MoReg 1358	42 MoReg 1382R 42 MoReg 1382	43 MoReg 475R 43 MoReg 475	
22 CSR 10-2.120	Health Care Plan	42 MoReg 1359R 42 MoReg 1359	42 MoReg 1383R 42 MoReg 1383	43 MoReg 476R 43 MoReg 476	
22 CSR 10-2.135	Health Care Plan	42 MoReg 1756	42 MoReg 1794		
22 CSR 10-3.090	Health Care Plan	42 MoReg 1757	42 MoReg 1794		
22 CSR 10-3.135	Health Care Plan	42 MoReg 1758	42 MoReg 1795		

Agency		Publication	Effective	Expiration
Department of Agriculture				
Animal Health				
2 CSR 30-10.010	Inspection of Meat and Poultry	43 MoReg 385	Feb. 9, 2018	Aug. 7, 2018
Department of Public Safety				
Missouri State Highway Patrol				
11 CSR 50-2.010	Definitions	42 MoReg 1751	Oct. 29, 2017	April 26, 2018
Department of Revenue				
Director of Revenue				
12 CSR 10-41.010	Annual Adjusted Rate of Interest	42 MoReg 1752	Jan. 1, 2018	June 29, 2018
Department of Health and Senior Services				
Office of the Director				
19 CSR 10-15.050	Complication Plans for Certain Drug- and Chemically-Induced Abortions by Physicians Via Hospitals	42 MoReg 1752	Nov. 3, 2017	May 1, 2018
Division of Community and Public Health				
19 CSR 20-1.040	Good Manufacturing Practices	42 MoReg 1639	Oct. 23, 2017	April 20, 2018
Division of Regulation and Licensure				
19 CSR 30-30.061	Complication Plans for Certain Drug- and Chemically-Induced Abortions Via Abortion Facilities	42 MoReg 1754	Nov. 3, 2017	May 1, 2018
19 CSR 30-40.420	Trauma Center Designation Requirements	This Issue	Feb. 12, 2018	Aug. 10, 2018
19 CSR 30-40.750	ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation Application and Review	This Issue	Feb. 12, 2018	Aug. 10, 2018
Department of Insurance, Financial Institutions and Professional Registration				
State Board of Pharmacy				
20 CSR 2220-4.010	General Fees	Next Issue	March 30, 2018	Jan. 9, 2019
Real Estate Appraisers				
20 CSR 2245-5.020	Application, Certificate and License Fees	April 15 Issue	March 15, 2018	Sept. 10, 2018
Missouri Consolidated Health Care Plan				
Health Care Plan				
22 CSR 10-2.030	Contributions	42 MoReg 1755	Jan. 1, 2018	June 29, 2018
22 CSR 10-2.089	Pharmacy Employer Group Waiver Plan for Medicare Primary Members	42 MoReg 1756	Jan. 1, 2018	June 29, 2018
22 CSR 10-2.094	Tobacco-Free Incentive Provisions and Limitations (Res.)	42 MoReg 1358	Oct. 1, 2017	March 29, 2018
22 CSR 10-2.094	Tobacco-Free Incentive Provisions and Limitations	42 MoReg 1358	Oct. 1, 2017	March 29, 2018
22 CSR 10-2.120	Partnership Incentive Provisions and Limitations (Res.)	42 MoReg 1359	Oct. 1, 2017	March 29, 2018
22 CSR 10-2.120	Partnership Incentive Provisions and Limitations	42 MoReg 1359	Oct. 1, 2017	March 29, 2018
22 CSR 10-2.135	Benefit Package Option	42 MoReg 1756	Nov. 6, 2017	May 4, 2018
22 CSR 10-3.090	Pharmacy Benefit Summary	42 MoReg 1757	Jan. 1, 2018	June 29, 2018
22 CSR 10-3.135	Benefit Package Option	42 MoReg 1758	Nov. 6, 2017	May 4, 2018

Executive Orders	Subject Matter	Filed Date	Publication
	2018		
18-02	Declares a State of Emergency and activates the state militia in response to severe weather that began on Feb. 23.	Feb. 24, 2018	Next Issue
Proclamation	Governor notifies the General Assembly that he is reducing appropriation lines in the fiscal year 2018 budget.	Feb. 14, 2018	This Issue
18-01	Rescinds Executive Order 07-21.	Jan. 4, 2018	43 MoReg 251
	2017		
17-24	Designates members of the governor's staff to have supervisory authority over departments, divisions, and agencies of state government.	Nov. 17, 2017	43 MoReg 5
17-23	Advises that state offices will be closed on Friday, November 24, 2017.	Nov. 1, 2017	42 MoReg 1640
17-22	Implements the Emergency Mutual Assistance Compact and activates the state militia to aid the U.S. Virgin Islands in response to Hurricane Maria.	Sept. 20, 2017	42 MoReg 1579
17-21	Governor activates the state militia in anticipation of unrest in the St. Louis region.	Sept. 14, 2017	42 MoReg 1411
17-20	Governor establishes a board of inquiry to review evidence and provide a recommendation on the death sentence for inmate Marcellus Williams.	Aug. 22, 2017	42 MoReg 1361
Proclamation	Governor notifies the General Assembly that he is reducing appropriation lines in the fiscal year 2018 budget and permanently reducing appropriation lines in the fiscal year 2017 budget.	Aug. 1, 2017	42 MoReg 1307
17-19	Directs the Department of Health and Senior Services, the Department of Mental Health, the Department of Public Safety, the Department of Natural Resources, and the Department of Conservation to identify, train, equip, and assess law enforcement and emergency responder efforts to combat Missouri's Opioid Public Health Crisis.	July 18, 2017	42 MoReg 1229
17-18	Directs the Department of Health and Senior Services to create a prescription drug monitoring program.	July 17, 2017	42 MoReg 1143
Amended Proclamation	Governor convenes the Second Extra Session of the First Regular Session of the Ninety-Ninth General Assembly regarding abortions facilities.	July 6, 2017	42 MoReg 1139
17-17	Creates the Missouri Justice Reinvest Taskforce to analyze Missouri's corrections system and recommend improvements.	June 28, 2017	42 MoReg 1067
Proclamation	Governor convenes the Second Extra Session of the First Regular Session of the Ninety-Ninth General Assembly regarding abortions facilities.	June 7, 2017	42 MoReg 1024
Proclamation	Governor convenes the First Extra Session of the First Regular Session of the Ninety-Ninth General Assembly regarding attracting new jobs to Missouri.	May18, 2017	42 MoReg 1022
17-16	Temporarily grants the Director of the Missouri Department of Revenue discretionary authority to adjust certain rules and regulations.	May 11, 2017	42 MoReg 909
17-15	Temporarily grants the Director of the Missouri Department of Health and Senior Services discretionary authority to adjust certain rules and regulations.	May 8, 2017	42 MoReg 907
17-14	Temporarily grants the Director of the Missouri Department of Natural Resources discretionary authority to adjust certain environmental rules and regulations.	May 4, 2017	42 MoReg 905
17-13	Activates the state militia in response to severe weather that began on April 28, 2017.	April 30, 2017	42 MoReg 865
17-12	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to severe weather beginning on April 28,2017.	April 28, 2017	42 MoReg 863
17-11	Establishes the Boards and Commissions Task Force to recommend comprehensive executive and legislative reform proposals to the governor by October 31, 2017.	April 11, 2017	42 MoReg 779
17-10	Designates members of the governor's staff to have supervisory authority over departments, divisions, and agencies of state government.	April 7, 2017	42 MoReg 777
17-09	Establishes parental leave for state employees of the executive branch of Missouri state government and encourages other state officials to adopt comparable policies.	March 13, 2017	42 MoReg 429

Executive Orders	Subject Matter	Filed Date	Publication
17-08	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to severe weather that began on March 6.	March 7, 2017	42 MoReg 427
17-07	Establishes the Governor's Committee for Simple, Fair, and Low Taxes to recommend proposed reforms to the governor by June 30, 2017.	January 25, 2017	42 MoReg 315
17-06	Orders that the Missouri State Emergency Operations Plan be activated. Further orders state agencies to provide assistance to the maximum extent practicable and directs the Adjutant General to call into service such portions of the organized militia as he deems necessary.	January 12, 2017	42 MoReg 267
17-05	Activates the Missouri State Emergency Operation Center due to severe weather expected to begin on Jan. 12, 2017.	January 11, 2017	42 MoReg 266
17-04	Establishes the position of Chief Operating Officer to report directly to the governor and serve as a member of the governor's executive team.	January 11, 2017	42 MoReg 264
17-03	Orders every state agency to immediately suspend all rulemaking until Feb. 28, 2017, and to complete a review of every regulation under its jurisdiction within the *Code of State Regulations* by May 31, 2018.	January 10, 2017	42 MoReg 261
17-02	Orders state employees of the executive branch of Missouri state government to follow a specified code of conduct regarding ethics during the Greitens administration.	January 9, 2017	42 MoReg 258
17-01	Rescinds Executive Orders 07-10, 88-26, 98-15, and 05-40 regarding the Governor's Advisory Council on Physical Fitness and Health and the Missouri State Park Advisory Board.	January 6, 2017	42 MoReg 257

The rule number and the MoReg publication date follow each entry to this index.

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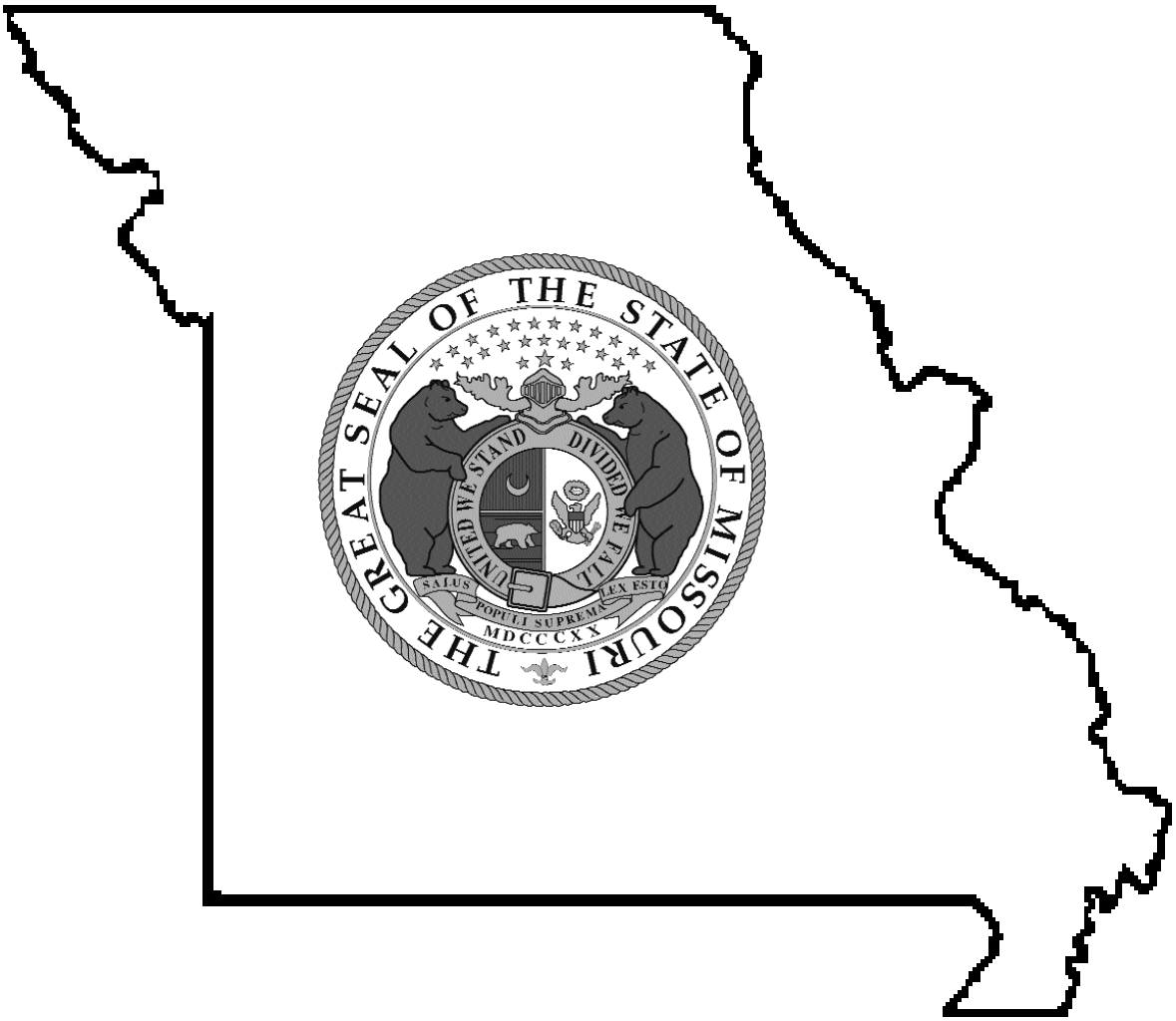

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